

VILLAGE OF CRAIG BEACH, OHIO

APPLICATION FOR RE-PLAT

PROPERTY OWNER: _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP-CODE

TELEPHONE NUMBER: Home: _____ Cell: _____

E-MAIL: _____

IF THERE IS A BUILDING ON THE LOT(S) BEING SUBMITTED IF YES
PROVIDE ADDRESS: _____

DESCRIPTION OF LOTS: [STREET]
Parcel # _____ Lot # _____ Lot Size: _____ [_____]
Parcel # _____ Lot # _____ Lot Size: _____ [_____]
Parcel # _____ Lot # _____ Lot Size: _____ [_____]
Parcel # _____ Lot # _____ Lot Size: _____ [_____]

Current Zoning District: () R-1 () R-2 () Business

Reason for Re-Plat: _____

Owner signature: _____ Date: _____

Zoning Inspector: _____ Date: _____

Is the Final Surveyed Plat Map Included: () YES () NO
Note: Mark if submitted.
() 2 Paper copies required - () 1 Mylar copy required

Date of Commission Meeting: _____

Action: Approved () Disapproved ()
For: _____ Against: _____

Chairman Signature: _____

Comments: _____
