

APPENDIX B – PLANNING SERVICES APPLICATION

2023 County of Summit Subdivision Regulations



APPENDIX B

Planning Services Application

Department of Community and Economic Development
Ohio Building - Suite 103 - 175 S. Main St. - Akron, OH 44308

REQUEST *(Please check all that apply)*

Minor Subdivision

- Lot Split
- Lot Consolidation
- Lot Line Adjustment

Major Subdivision

- Concept Plan*
- Preliminary Plan*
- Final Plat*
- Resubmittal*
- Replat*

*requires ten (10) copies of survey drawing/plan.

OWNER INFORMATION

Owner _____

Address _____

Phone _____

Email _____

APPLICANT INFORMATION

Applicant _____

Address _____

Phone _____

Email _____

ENGINEER OR SURVEYOR INFORMATION

Name _____

Address _____

Phone _____

Email _____

SITE INFORMATION

Name of Subdivision
or Address _____

Location _____

Parcel No.'s _____

Creating Sublots _____

Acreage _____

Water Provider _____

Septic or Central Sewer Provider _____

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FILING FEES	
<i>Checks should be made payable to "Summit County Planning"</i>	
MINOR SUBDIVISION FEES	
Lot Split	\$75.00 per buildable lot
Lot Consolidation	\$30.00 per lot (if no additional buildable lots are created, including lot consolidations and lot line adjustments)
Lot Line Adjustment	
MAJOR SUBDIVISION FEES	
Concept Plan	\$300.00 per Subdivision
Preliminary Plan*	\$500.00 plus \$10.00 per dwelling unit/lot
Final Plat	\$500.00 plus \$10.00 per dwelling unit/lot
Resubmittal	\$300.00 plus \$10.00 per dwelling unit/lot
Replat	\$300.00 plus \$10.00 per dwelling unit/lot
* See Section 1111.04(3) for Fee Adjustment.	
Variance Fees	\$300.00 per Variance Request

ACTION OF THE SUMMIT COUNTY PLANNING COMMISSION SHOULD BE SENT TO:

Name _____

Address _____

Phone _____

Email _____

Respectfully submitted this _____ day of _____,

I certify that all information contained in this application and its supplements are true and correct.

Applicant's or Authorized Representative's Signature _____
Date

Fee Amount Paid: _____	Date Application Received: _____
Number of Lots: _____	Staff: _____
Comments: _____ _____	

SUMMIT COUNTY PLANNING COMMISSION

Application for _____

Applicant Name _____

CONSENT TO VIRTUAL MEETING
R.C. 121.221(B)(4)

IF THE ABOVE REFERENCED APPLICATION REQUIRES A HEARING[S] BEFORE THE COMMISSION:

I consent to have up to two members of the Summit County Planning Commission (the “Commission”) attend by virtual means (i.e. video conference) any hearings on my application. I understand that the two Commission members attending virtually may be counted to establish a quorum for the Commission’s meeting and may vote on my application while attending virtually. I also understand that, except for the two members that may attend virtually, the Commission meeting will otherwise be an in-person meeting and that I and any witnesses or public participants are required to attend in-person in order to address the Commission regarding my application. The Commission will comply with R.C. 121.221 and the Commission’s virtual meeting rules.

Applicant Signature

Print Name:

I do not consent to have any members of the Summit County Planning Commission (the “Commission”) attend by virtual means (i.e. video conference) any hearings on my application. I understand that by not consenting to a virtual meeting, if those Commission members attending in-person do not establish a quorum, my application may be delayed until the Commission establishes a quorum of in-person members. However, if an in-person quorum is present, but there are members attending virtually for other matters on the Commission’s agenda, the Commission may proceed to consider my application, but those members attending virtually will not participate or vote on my application.

Applicant Signature

Print Name: