**The City of Canal Winchester**
**Development Department**
45 E. Waterloo Street
Canal Winchester, Ohio 43110
Phone (614) 837-7501 Fax (614) 837-0145

# SUBDIVISION APPLICATION

☐ Lot Split ☐ Preliminary ☐ Final

**PROPERTY OWNER**

Name _____

Address _____

Phone _____ Email _____

**APPLICANT**

Name _____

Address _____

Phone _____ Email _____

**ENGINEER (MUST BE REGISTERED PROFESSIONAL ENGINEER IN THE STATE OF OHIO)**

Name & Company _____

Address _____

Phone _____ Email _____

Ohio Registration Number _____

Location of Subject Property _____

Subdivision Name _____

Number of Acres _____ Number of Buildable Lots _____ Reserve Lots _____

The submitted subdivision application shall conform with Chapter 1101-1117 of the Canal Winchester Subdivision Regulations.

**I certify that the information provided with this application is correct and accurate to the best of my ability.**

_____ _____
**Property Owner's or Authorized Agent's Signature** **Date**

***DO NOT WRITE BELOW THIS LINE***

Date Received: ____ / ____ / _____

Tracking Number: _____

P&Z Public Hearing: ____ / ____ / _____
Recommendation _____ Approval _____ Denial

Council Public Hearing: ____ / ____ / _____
Action _____ Approval _____ Denial

Expiration Date: ____ / ____ / _____

Fee: $_____ Paid: ☐

Council Ordinance Number: _____