



**Medina County**  
**Department of Planning Services**  
124 W. Washington St. Suite B-4 • Medina Ohio 44256  
Phone: 330/722-9219 \* Fax: 330/764-8456  
Brunswick: 330/225-7100 \* Wadsworth: 330/336-6657

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## Application for Major Subdivision Concept Plan

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*Please submit this application form, accompanying maps and plans and fee*

Application Number \_\_\_\_\_ Application Date \_\_\_\_\_

Proposed Subdivision Name: \_\_\_\_\_

**Name of Applicant** \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

**Developer Name** \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

**Surveyor Name** \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

**Subdivision Type**                      **Standard**                          **Conservation**   

Township \_\_\_\_\_

Section \_\_\_\_\_

Access Roads or Streets \_\_\_\_\_

Proposed Use of Lots \_\_\_\_\_

\_\_\_\_\_

Total Acreage \_\_\_\_\_                      Number of Lots \_\_\_\_\_

Net Density \_\_\_\_\_                      Open Space Set Aside \_\_\_\_\_

Zoning \_\_\_\_\_

Floodplain Areas    **Yes**                          **No**   

Major Soil Types \_\_\_\_\_

\_\_\_\_\_

Woodlands            **Yes**                          **No**   

Proposed Water System                      **Central**                          **Wells**   

Proposed Sewage Disposal System    **Central**                          **Non-Discharging**   

Storm Detention/Retention            **Yes**                          **No**   

Fire Department \_\_\_\_\_

Police Department \_\_\_\_\_

EMS \_\_\_\_\_

School District \_\_\_\_\_

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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*Office Use Only*

Fee Amount Paid    \$ \_\_\_\_\_      Date Application Received    \_\_\_\_\_

Planning Staff Recommendation(s)

\_\_\_\_\_  
\_\_\_\_\_

Date of Recommendation    \_\_\_\_\_