



Medina County
Department of Planning Services
144 N. Broadway St. Suite 113 • Medina Ohio 44256
Phone: 330/722-9293 • Email: planning@medinaco.org
Website: medinaco.org/planning

Application for Major Subdivision Preliminary Plan

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

Name of Proposed Subdivision _____

Application Number _____ Application Date _____

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 _____
 Quarter Section _____
 Access Roads _____
 Proposed Use of Lots _____

Total Acreage	_____	Number of Lots	_____
Gross Density	_____	Open Space Set Aside	_____
Net Density	_____	Zoning	_____

Conforms to Township Zoning	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Floodplain Areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Major Soil Types	_____	

Significant Woodlands	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Proposed Water System	Central <input type="checkbox"/>	Wells <input type="checkbox"/>	Other <input type="checkbox"/>
Proposed Sewage Disposal System	Central <input type="checkbox"/>	Non-Discharging <input type="checkbox"/>	

Proposed Storm Detention or Retention	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire Department	_____	
Police Department	_____	
EMS	_____	
School District	_____	

Covenants or Restrictions on draft pages of Plat	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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I certify that all information contained in this application and its supplements are true and correct.

Applicant Signature

Date

Office Use Only

Fee Amount Paid \$ _____ Date Application Received _____

Concept Plan Approval Date _____

Concept Plan Action _____

Planning Staff Recommendation(s) for Preliminary Plan Date _____

MCPC Decision on Preliminary Plan: Date of MCPC Meeting _____

Approved Disapproved Approved with Conditions Tabled

MCPC Comments

