

SUBDIVISION WITHOUT PLAT APPLICATION

PROPERTY INFORMATION		
Project/Property Address:	Project Name/Business Name:	
Parcel #:	Zoning: <i>(see Map)</i>	Acreage:

PROJECT SPECIFICATIONS	
Project Description:	Proposed # of Lots:
	Total Acreage to be Split:

APPLICANT INFORMATION	
Applicant Name <i>(Primary Contact):</i>	Applicant Address:
Applicant E-mail:	Applicant Phone:
Business Name <i>(if applicable):</i>	

ADDITIONAL CONTACTS	
Please list all applicable contacts for correspondence	
Name(s)	Contact Information (phone/email)
Property Owner Name: <i>(if different from Applicant)</i>	Property Owner Contact Information (phone no./email):

APPLICANT SIGNATURE BELOW CONFIRMS THE SUBMISSION REQUIREMENTS HAVE BEEN COMPLETED

I certify that the information on this application is complete and accurate to the best of my knowledge, and that the project as described, if approved, will be completed in accordance with the conditions and terms of that approval.

Applicant Signature: _____ Date: _____

ADDITIONAL INFORMATION ON NEXT PAGE....

INTERNAL USE

Zoning File No. _____

RECEIVED: _____
DATE: _____

PAID: _____
DATE: _____

**Updated
Jan 2022**

SUBDIVISION WITHOUT PLAT APPLICATION - SUBMISSION REQUIREMENTS

TO BE COMPLETED/SUBMITTED BY THE APPLICANT:

1. Review Gahanna Code Chapter [1106](#) (visit www.municode.com)
2. Survey of new property and residual property certified by a registered surveyor (11"x 17" copy)
3. Legal description of new property and residual property certified by a registered surveyor (11" x 17" copy)
4. Application fee (in accordance with the [Building & Zoning Fee Schedule](#))
5. Application & all supporting documents submitted in digital format
6. Application & all supporting documents submitted in hardcopy format
7. **UPON APPROVAL: original deed(s) must be signed and stamped "approved" by the Clerk of Council of the City of Gahanna and then, at the expense of the applicant, recorded with the [Franklin County Recorder's Office](#).**
8. Authorization Consent Form Complete & Notarized (see page 3)

PLEASE NOTE:

The application expires if no action is taken 6 months from the date of the last staff comment letter.

AUTHORIZATION CONSENT FORM

(must sign in the presence of a notary)

If you are filling out more than one application for the same project & address, you may submit a copy of this form with additional applications.

PROPERTY OWNER

IF THE PROPERTY OWNER IS THE APPLICANT, SKIP TO NEXT SECTION

As the property owner/authorized owner's representative of the subject property listed on this application, hereby authorize the applicant/representative to act in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all terms and agreements made by the applicant/representative.

(property owner name printed)

(property owner signature)

(date)

Subscribed and sworn to before me on this _____ day of _____, 20_____.

State of _____ County of _____

Stamp or Seal

Notary Public Signature: _____

Applicant/Property Owner/Representative

AGREEMENT TO COMPLY AS APPROVED As the applicant/representative/owner of the subject property listed on this application, I hereby agree that the project will be completed as approved with any conditions and terms of the approval, and any proposed changes to the approval shall be submitted for review and approval to City staff.

AUTHORIZATION TO VISIT THE PROPERTY I hereby authorize City representatives to visit, photograph and post notice (if applicable) on the subject property as described.

APPLICATION SUBMISSION CERTIFICATION I hereby certify that the information on this application is complete and accurate to the best of my knowledge.

(applicant/representative/property owner name printed)

(applicant/representative/property owner signature)

(date)

Subscribed and sworn to before me on this _____ day of _____, 20_____.

State of _____ County of _____

Stamp or Seal

Notary Public Signature: _____