



Division of Building and Zoning

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APPLICATION FOR CONSIDERATION OF LOT SPLIT

City of Heath Planning Commission

Application Number - Lot Split: _____ Date: _____

Owner of Record

Name: _____ Phone Number: _____

Address: _____

Engineer/Surveyor Information

Name: _____ License Number: _____

Address: _____

Additional Information

Property Address: _____

Zoning Classification: _____ Zoning Restrictions, if any: _____

Rezoning requested? _____ If so, give brief description: _____

Number of proposed lots: _____ Width of proposed frontage at Right-of-Way (40 Ft minimum required): _____

Does the lot-split require additional access points to be opened along any adjacent roadways? _____

Are either of the following utilities available to the site?: Water Sewer

Deed or Deeds recorded in County Recorder's Office:

Date: _____ Volume: _____ Page: _____

Does the lot split cover entire holding of the applicant? _____

Owner / Agent Signature: _____ Owner / Agent Name (Print): _____

Do not write below this line - OFFICE USE ONLY

Fees Paid: _____

Date: _____

Fees: 2 lot divisions: \$100.00
3 lot divisions: \$150.00
4 lot divisions: \$200.00
5 lot divisions: \$250.00

Do not write below this line - OFFICE USE ONLY

Utilities Director

Comments:

Street Commissioner

Comments:

Chief, Division of Building and Zoning

Comments:

Planning Commission

Date Received:

Decision:

Comments:

Planning Commission Chairman:

(Signature)