APPLICATION FOR APPEAL OF DENIAL – SUBDIVISION OF PROPERTY WITHOUT PLAT

STARK COUNTY REGIONAL PLANNING COMMISSION

110 Central Plaza S, Suite 300 Canton Ohio 44702-1211
Telephone: 330-451-7389 Fax: 330-451-7990

Date Submitted: _____ **Application Number:** _____

Applicant Name: _____

Address: _____
Street

_____ _____ _____
City State Zip Code Telephone

Property Owner: _____

Address: _____
Street

_____ _____ _____
City State Zip Code Telephone

Description of Property:

Township _____ **Quarter Section:** _____

Acreage _____ **Parcel Number:** _____

Proposed Acreage(s): _____ **Street Frontage:** _____

Subdivision Regulation Section for Which Request was Denied: _____

Reason for Denial (as stated on denial letter): _____

Additional Facts to be Considered: _____

The appropriate Filing Fee must be provided with this application.

I certify by my signature below that the information provided on this form and supplemental data is true and accurate.

_____ _____ _____
Signature of Applicant **Printed Name of Applicant** **Date**

Receipt No. _____ **Received By:** _____ **Date:** _____

Planning Commission Action: ☐ **Approved** ☐ **Denied** **RPC Meeting Date:** _____

Comments: _____

Effective November 10, 2010
Updated August 2026