

APPLICATION FOR APPEAL OF DENIAL – SUBDIVISION OF PROPERTY WITHOUT PLAT

STARK COUNTY REGIONAL PLANNING COMMISSION

201 3rd Street NE, Suite 201 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: _____