Subdivision Review Application

Stark County Regional Planning Commission
110 Central Plaza S, Suite 300 Canton, OH 44702-1211
Telephone: 330-451-7389 Fax: 330-451-7990

Plan Type: **Date Submitted:** _____

- ☐ Preliminary Plan (10 copies, digital file)
- ☐ Final Plat (original mylar, 10 copies, digital file) ***(filing deadline – 17th of each month)***
- ☐ Site Improvement Plan (residential, commercial, industrial structures, 10 copies, digital file)

Supplementary Information submitted?
(Article III, Sec. 351; Article IV, Sec. 410.4, Sec. 420.3 and/or Article V, Sec. 550) ☐ Yes ☐ No

Number of lots or acres proposed for development _____

Required Digital Copy Provided? ☐ Yes

Name of Plat/Project: _____

Location: _____ _____ _____
Township Name Quarter Section Existing Address or Parcel Number

☐ Project is/will be connected to **sanitary sewer** ☐ Project is/will be utilizing **septic system(s)**

Indicate project contact by checking no more than two (2) of the boxes below:

☐ **Owner:**
Name: _____
Street Address: _____
_____ _____ _____ _____
City State Zip Code Telephone
Email: _____

☐ **Plans Prepared By:**
Name: _____
Street Address: _____
_____ _____ _____ _____
City State Zip Code Telephone
Email: _____

☐ **Developer/Other:**
Name: _____
Street Address: _____
_____ _____ _____ _____
City State Zip Code Telephone
Email: _____

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

Signature of Applicant

TO BE COMPLETED BY RPC STAFF:

Required Date Received _____ **By** _____

Fees:

Regional Planning Commission $ _____
Subdivision Engineer/Bond $ _____
Total Fees $ _____

Make checks payable to: SCRPC

Receipt Number _____
By: _____

Effective: February 2024
Updated: August 2026