APPLICATION FOR FINAL PLAT APPROVAL
To the
Cuyahoga County Planning Commission
Cuyahoga County, Ohio

Date:__________________________ Application No. ________________

The undersigned applies for approval of a Final Plat for a Major Subdivision and certifies that all
materials submitted with this application are true and correct.

1. Name of Applicant:__________________________________________________________

Signature:___________________________________________________________________

Address:__________________________________________ Phone:_____________________

Fax:__________________________________________

2. Name of Surveyor or Engineer:_______________________________________________

Address:__________________________________________ Phone:_____________________

Fax:__________________________________________

3. Name of Subdivision:________________________________________________________

4. Date of Preliminary Layout Approval:___________________________________________

5. Was a Zoning Change Requested? _____ Yes _____ No

If YES, the Plat may not be approved until it conforms to the local zoning. Include a Certificate of
Zoning Compliance if a change was requested.

6. Does this application include a request to defer installation of sidewalks or
landscaping? _____ Yes _____ No

If YES, the Final Plat can not be approved unless the construction of such improvements is
guaranteed with a performance bond.

7. Has a Performance Guarantee been secured?

_____ Yes _____ No If YES, please attach a copy of the Performance Guarantee with this
application. If NO, the Final Plat can not be approved.

8. Have all improvements that are required to be installed been installed?

_____ Yes _____ No If NO, the Final Plat can not be approved

9. Have Maintenance Guarantees been secured for each type of improvement?

_____ Yes _____ No If YES, please attach a copy of the Maintenance Guarantees with
this application. If NO, the Final Plat can not be approved.
10. Do you propose deed restrictions and/or owners association?  

_____ Yes  _____ No  

If YES, please attach a copy.

11. List other materials submitted with this application.

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For Official Use Only

Date Received: ________________________________

Date of Meeting of Planning Commission: ________________________________

Plat Fee $: ________________________________

Action by Planning Commission: ________________________________

If Plat is rejected, reasons for rejection:

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Date: ____________________  Director

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