



Planning Commission
 40 West Main St
 Newark, Ohio 43055
 (740) 670-7516

City of Newark

Planning Commission

Lot Split/Combination/Replat Application

Office Use Only
 Zoning File # _____
 PC Application# _____
 Date Received _____
 Received By _____
 Amount Due: \$50.00
 Paid By: (Circle One)
 Check # _____ Cash

Rev 2/13

www.newarkohio.net/government/boards/commissions/planning-commission

Application Type

Lot Split Lot Combination Replat

Owner

Property Owner:		Telephone:	
Address:		E-mail:	
City:	State:	Zip:	Fax:
<i>I would prefer to have Agendas mailed rather than e-mailed</i> <input type="checkbox"/>			

Applicant/Representative

Representative:		Same as above <input type="checkbox"/>	Telephone:
Address:		E-mail:	
City:	State:	Zip:	Fax:
<i>I would prefer to have Agendas mailed rather than e-mailed</i> <input type="checkbox"/>			

Property Location (P1 is Parcel #1, etc.)

Street Address:	Current Zone: (P1) (P2) (P3) <small>(abbreviated Zoning Classification from Zoning Code 08-33)</small>		
Parcel Tax ID(s) #:	(P1)	(P2)	(P3)
Lot Number(s): (if applicable)	(P1)	(P2)	(P3)
# of acres:			Property Platted? Yes <input type="checkbox"/> No <input type="checkbox"/>

Property Use (P1 is Parcel #1, etc.)

Present Use: (Please indicate which property).					Proposed Use: (Please indicate which property).				
Property Type	P1	P2	P3	Structure?	Property Type	P1	P2	P3	Structure?
Vacant Land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vacant Land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes

Additional Comments

Reason for Request:

Required Documentation and Process Overview

- Obtain a Tax Map and Auditor’s Parcel Numbers. Contact the [Licking County Engineer’s Office](#) or visit <http://www.lcounty.com/Treasurer> to printout Real Estate Tax parcel information and a parcel map. The Licking County Engineer’s Office is located at 20 South 2nd St (3rd Floor) Newark, OH 43055 (740) 670-5280.
- Contact a [Registered Surveyor](#) to obtain a Survey Drawing with Legal Description for the proposed new parcels.
Note: the survey should show the property as if the proposed split/combo were approved.
- Call the [Newark City Engineering/Zoning Department](#) to schedule a Zoning Review. (740) 670-7727. The Newark City Engineering/Zoning Department is located at 40 W. Main Street (2nd Floor) Newark, OH 43055
Note: an Engineering/ Zoning Authorization Signature is required on this application. See below.
- Submit all application materials and fee to the [Newark City Engineering/Zoning Department](#) for inclusion on a Planning Commission Agenda.
Note: a \$50.00 fee must accompany this application. Make checks payable to “City of Newark.”
- Attend the [Planning Commission Meeting](#) held in Newark City Council Chambers, 40 W. Main Street (1st Floor) to request approval of the split/combination/replat. (If approved, a signed copy of this application will be e-mailed to you unless you indicated you prefer mailed correspondence.)
Note: be prepared to answer Planning Commission Member’s questions regarding your application

Owner Acknowledgement

I hereby certify that the information provided in this application is true and factual to the best of my knowledge.

Property Owner Signature: _____ Date: _____

Representative Signature: _____ Date: _____

Engineering/Zoning Authorization – Office Use Only

Approved Denied Approved with Conditions

Engineering Signature: _____ Date: _____

Comments/Conditions: _____

Planning Commission Authorization – Office Use Only

Approved Denied Approved with Conditions

Planning Director Signature: _____ Date: _____

Comments/Conditions: _____

After Planning Commission Approval:

- Contact a [Title Company or Attorney](#) to draw up new deed(s) for the new or changed parcels.
- Visit the [Licking County Engineer’s Office](#) to begin the instrument recording process. The Licking County Engineer’s Office is located at 20 South 2nd St (3rd Floor) Newark, OH 43055 (740) 670-5280.