Link to latest form: https://www.co.warren.oh.us/planning/Forms/Default.aspx

Signature of Applicant(s) Electronic Signature Acceptable



## APPLICATION FOR PRELIMINARY PLAN APPROVAL

| (F)                                                                | •                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                    |                                | ONLY                                                                                                                                                                                      |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROJECT                                                            | INFORMATION                                                                                                                                                                                                                   | - All lines must be completed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |                                                    |                                | Ō                                                                                                                                                                                         |
| Project N                                                          | ame                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                    |                                | USE                                                                                                                                                                                       |
|                                                                    |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Residential (                                           | Commercial                                         | Mixed Use                      | -<br>U                                                                                                                                                                                    |
| Property                                                           | Address                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                    |                                | OFFICE                                                                                                                                                                                    |
| Parcel ID                                                          | (s)                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                    |                                | ō                                                                                                                                                                                         |
| Buildable                                                          | Lots                                                                                                                                                                                                                          | Open Space Lots                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tot                                                     | al Lots                                            |                                |                                                                                                                                                                                           |
| Total Acre                                                         | eage                                                                                                                                                                                                                          | Open Space Acreage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Zo                                                      | ning                                               |                                | E'l N                                                                                                                                                                                     |
| Sanitary S                                                         | Sewer Yes                                                                                                                                                                                                                     | No If yes, state provider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |                                                    |                                | File No Form Updated 5/20/24 Total Fee & Calculation                                                                                                                                      |
| Private W                                                          | ells Yes                                                                                                                                                                                                                      | No If no, state provider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |                                                    |                                | Total Fee & Calculation                                                                                                                                                                   |
| Electric P                                                         | rovider                                                                                                                                                                                                                       | Gas Pro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ovider                                                  |                                                    |                                |                                                                                                                                                                                           |
| Applican                                                           | t/Dovolopor                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Phono                                                   |                                                    | Email                          |                                                                                                                                                                                           |
| Address                                                            |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FIIONE                                                  |                                                    | City State                     | .Zip                                                                                                                                                                                      |
| / (ddi C33 _                                                       |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                    | city, state,                   | , zip                                                                                                                                                                                     |
| Property                                                           | Owner                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Phone                                                   |                                                    | Email                          |                                                                                                                                                                                           |
| Address _                                                          |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                    | City, State,                   | , Zip                                                                                                                                                                                     |
|                                                                    |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                    |                                |                                                                                                                                                                                           |
| Surveyor                                                           | /Engineer                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Phone                                                   |                                                    | Email                          |                                                                                                                                                                                           |
| Address <sub>-</sub>                                               |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                    | City, State,                   | . Zip                                                                                                                                                                                     |
|                                                                    | NEOUSLY. Failure to<br>A completed app                                                                                                                                                                                        | include all of these components of the component of the components | may result in a rej                                     | ected application                                  | on or denial of                | the application:                                                                                                                                                                          |
| b.                                                                 | One (1) folded hard copy of the preliminary plan containing all information required in Section 306 of the Subdivision Regulations (see back side of form for list of requirements). Copies must be $24 \times 36$ " in size. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                    |                                |                                                                                                                                                                                           |
| c.                                                                 | An electronic co                                                                                                                                                                                                              | by of the preliminary plan ema                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | iled as a PDF fil                                       | e to kimberly.                                     | mehl@co.wa                     | rren.oh.us                                                                                                                                                                                |
| d.                                                                 | One (1) copy of the drainage area map containing all information as required in Section 306(X) of the Subdivision Regulations.                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                    |                                |                                                                                                                                                                                           |
| e.                                                                 | Names, mailing addresses and parcel identification numbers of contiguous property owners of record at the time of application, along with prepared mailing labels for the same.                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                    |                                |                                                                                                                                                                                           |
| f.                                                                 | Acknowledgment by the applicable zoning authority (in the form of a stamp on the plan/drawing or separate letter or memorandum) that the preliminary plan complies with the zoning resolution currently in effect.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                    |                                |                                                                                                                                                                                           |
| g.                                                                 | A filing fee of \$667 plus \$67 per residential/open space lot or \$130 per non-residential acre, rounded up to the nearest acre.                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                    |                                |                                                                                                                                                                                           |
| CERTIFIC                                                           | CATIONS The a                                                                                                                                                                                                                 | pplicant must initial next to each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of the statements                                       | below.                                             |                                |                                                                                                                                                                                           |
|                                                                    | _I understand tha<br>process and issu-<br>to an extension (                                                                                                                                                                   | t, in accordance with Section 7<br>e a decision on this preliminar<br>of time beyond the thirty-five (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 711.10 of the Oh<br>y plan applicati<br>35) business da | nio Revised Co<br>on within thir<br>ny deadline by | ty-five (35) bu<br>providing a | onal Planning Commission is required to<br>usiness days upon submittal, and hereby agree<br>specific date in the line below. Leaving the line<br>Section 711.10 of the Ohio Revised Code. |
| I hereby agree to extend to the following date: (Month, Day, Year) |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                    |                                |                                                                                                                                                                                           |
|                                                                    | I understand that the timing of a decision on this preliminary plan may also be extended in cases where state highway projects are involved pursuant to Section 5511.01 of the Ohio Revised Code.                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                    |                                |                                                                                                                                                                                           |
| I hereby agree to extend to the following date: (Month, Day, Year) |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                    |                                |                                                                                                                                                                                           |
|                                                                    | designee has fou                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | l compliance w                                          |                                                    |                                | until the Executive Director or his/her<br>ments of the Warren County Subdivision                                                                                                         |
|                                                                    |                                                                                                                                                                                                                               | nat the information provided i<br>ne contents required by Sectio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |                                                    |                                | true and correct, and this application is egulations.                                                                                                                                     |
| APPLICAI                                                           | NT:                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         | PROPER                                             | TY OWNER'S                     | CONSENT (Required):                                                                                                                                                                       |
| Drint Na                                                           |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Data                                                    | Duint N-                                           | ma                             | Data                                                                                                                                                                                      |
| Print Nan                                                          | iie                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                    | Print Na                                           | me                             | Date                                                                                                                                                                                      |

Date Received Stamp

Signature of Property Owner(s) Electronic Signature Acceptable

## PRELIMINARY PLAN CONTENTS

Proposed name of the subdivision, which shall not duplicate or closely approximate the name of any other subdivision in the County.

Location by Section, Town, Range (or Military Survey Number), Township, County and State.

Names, addresses, and telephone numbers of the owner, plan, and the registration number and seal of the surveyor.

Date of survey, which shall be the date of topographic, aerial or any other type of survey that is the basis for preliminary plan.

Scale of the plan, north point and date.

Boundaries of the subdivision, indicated by a heavy line, and its acreage.

Names of adjacent subdivisions, property owners and parcel identification numbers of contiguous parcels of previously platted and unsubdivided land, and the location of their boundary lines.

Locations, widths, and names of existing streets, railroad rightsof-way, easements, parks, permanent buildings, corporation and township lines; the location of wooded areas and other significant topographic and natural features within the subdivision whose presence and accurate location need to be known in order for decisions regarding the subdivision to be made. The general limits of any wet or flood prone areas shall be shown.

Zoning classification of the tract and adjoining properties and a description of proposed zoning changes, if any.

Existing topography with contours shown at an interval of not greater than two (2) feet if the slope of the ground is fifteen (15) percent or less, and not greater than five (5) feet where the slope is more than fifteen (15) percent. Elevations are to be based on sea level datum and the nearest benchmark shall be specified and described. The existing topography shall be shown for an area extending a minimum of two hundred (200) feet beyond the boundaries of the subdivision.

Existing sewers, water lines, culverts, and aboveground structures, such as power transmission poles and lines, within and adjacent to the tract.

Location and dimensions of all proposed utility lines and stormwater drainage facilities, showing their connections with existing systems.

Location, names, and widths of proposed rights-of-way, streets and easements.

Front building setback lines.

All thoroughfares as shown on the Official Thoroughfare Plan wherever they traverse or adjoin the plan.

Layout, numbers, approximate sizes and approximate dimensions of each lot. When a lot is located on a curved street or when side lot lines are not radial or perpendicular to street lines, the width at the front building setback line shall be shown.

Parcels of land to be reserved for public use or to be reserved by covenant for residents of the subdivision. The approximate size of these parcels shall be noted.

A vicinity map at a scale of not less than two thousand (2,000) feet to the inch. This map shall show all existing roads and an outline of the subdivision.

Statement of proposed use of lots, giving type and number of dwelling units and type of business or industry, if known.

Location of all existing buildings and an indication as to whether or not they will be retained.

For commercial and industrial developments, the points of vehicular ingress and egress to the development.

Description of proposed covenants and restrictions.

The type of water supply and wastewater disposal that are proposed for the subdivision. Water supply and wastewater disposal requirements are outlined in Sections 418 and 419 respectively. The subdivider is advised to discuss the method of water supply and wastewater disposal with the Executive Director of the Regional Planning Commission before submitting the preliminary plan.

A copy of the United States Geological Survey (USGS) map at a scale of two thousand (2,000) feet to the inch on which the watershed within which the subdivision is located is delineated. Accompanying the map shall be data indicating the amount of land, by zoning classification, which drains onto the property within the subdivision.

A schedule outlining the order of development of each section of the subdivision.

Layout, acreage, linear feet, approximate sizes and approximate dimensions of open space parcels and recreational amenities including the walking trails, club houses, pools, recreation fields, etc. if available.