



“Lot Adjustment”

Application #: _____ - _____
 Date Submitted: _____

Application for a **LOT ADJUSTMENT**

TO BE COMPLETED BY PROPERTY OWNER OR APPLICANT

EXISTING LOT BEING SPLIT:

Township: _____

Twp. Lot #: _____ Split Acreage: _____

Name of Seller/Grantor: _____

Seller's Address: _____

Telephone Number: _____

Email of Above: _____

Signature _____

Permanent Parcel ID#: _____ - _____ - _____ - _____

Are there buildings on the property? Y / N

RECEIVING PARCEL:

Road parcel FRONTS: _____

Split Frontage: _____

Name of Buyer/Grantee: _____

Title Company, Attorney, or Agent: _____

Telephone Number of Above: _____

Email of Above: _____

Signature _____

Permanent Parcel ID #: _____ - _____ - _____ - _____

TO BE COMPLETED BY COMMUNITY SERVICES AND PLANNING STAFF

_____ **Application** form filled out

_____ **Township Zoning Inspector form** signed for frontage & acreage

Sewage Disposal Method

Residential:

_____ **County Health Department form** signed for approval of household sewage disposal system **OR**

_____ **Sanitary Engineer** indicated sewer capacity or Ohio EPA approved commercial system

Commercial:

_____ Coordinate with Ohio EPA for a commercial septic system

_____ **Existing Structures** on split out property

_____ **Current Permanent Parcel ID #(s)**

_____ **Acreage prior** to lot split

_____ Signed **Deed(s)** have been submitted

- _____ Split
- _____ Combination
- _____ Remainder

_____ **Stamped Survey Drawing and Legal Description** of new Parcel (County Engineer's stamped legal description **must** be dated within 180 days)

_____ **Copy of Variance** (if required)

Ashtabula County Planning Commission

✦ NO PLAT REQUIRED ✦

Exempt

Janice Switzer, Director
Community Services and Planning

Agent _____

Date _____

LOT ADJUSTMENT ONLY

Comments: _____