



**Medina County**  
**Department of Planning Services**  
124 W. Washington St. Suite B-4 • Medina Ohio 44256  
Phone: 330.722.9219 \* Fax: 330.764.8456  
Brunswick: 330.225.7100 \* Wadsworth: 330.336.6657

---

---

## Application for Replat Review

---

*Please submit this application form, accompanying maps and plans and fee*

Application Number \_\_\_\_\_ Application Date \_\_\_\_\_

**Name of Proposed Subdivision** \_\_\_\_\_

**Name of Applicant** \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

**Owner(s) of Property to be Replatted** \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

**Developer Name** \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

**Surveyor or Engineer Name** \_\_\_\_\_

Contact \_\_\_\_\_

Address

---

---

Phone Number ( ) -

Fax Number ( ) -

E-mail

**Subdivision Type**

---

Township

---

Township Lot Number

---

Acreage of Replat

---

Zoning

---

Date Plat Recorded

---

Replating Sublot(s)

---

Creating Sublot(s)

---

I certify that all information contained in this application and its supplements are true and correct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

---

*For Office Use Only*

Fee Amount Paid    \$ \_\_\_\_\_                      Date Application Received    \_\_\_\_\_

Comments

---

---

---

---