Clermont County Permit Central Project App No: **Application for Subdivision/Existing Lot Review** Action Type: Major **ELR** Minor APPLICANT/OWNER INFORMATION **Applicant Name Mailing Address** City/State/Zip Phone-Mobile Phone-Daytime Phone-Evening **Owner Name** Mailing Address City/State/Zip PROPERTY INFORMATION Subdivision Name Township Street Adjacent Address Nearest Intersection House Size (Number of Bedrooms) **Existing Parcel Acreage Existing Tax Parcel Number** Proposed Parcel Acreage Proposed Number of Lots Water Source Sewer Available: (circle one) Yes No I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to the regulations and all applicable laws of the State of Ohio and the County of Clermont.

Owner/Owner's Agent Signature Date

Existing Lot Review Fees

Department	Fee
Health District	

Major/Minor Subdivision Fees

Department		Fee
Building		
Engineer		
Planning		
Health District		
	TOTAL:	