

Warren County Regional Planning Commission Warren County Administration Building 406 Justice Drive, Lebanon, Ohio 45036

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

OFFICE USE ONLY	Date Received Stamp
	No Form Updated 2/5/24 al Fee & Calculation

APPLICATION FOR PRELIMINARY PLAN EXTENSION

1.	Prope	rty Owner			_ Phone		Fax		
	Addre	ss			Email				
2.	Agent Phone				Fax				
	Addre	ss			Email				
3.	Property Location: Township Section T			Town _	Range		or Military Survey		
	Frontage Street(s)				_ Sidwell(s) _				
4.	Propos								
	Name				_ Total Acres		Number of Lots		
	Is wast	tewater to be treated and dis	posed of on site?		Yes	No			
	If no, s	If no, state wastewater service provider:							
	Is the s	Is the source of water on-site?				No			
	If no, state water service provider:								
5.	Zoning	g Classification when first app	proved:						
6.	Future	Land Use Map Designation	when first approved: _						
	Current FLUM Designation:								
7.	Reason why platting did not take place in the time allowed:								
8.	Provide justification on why this project will be completed within the next 12 month period:								
9.		Submittal Requirements (Hard copy or electronically):							
	 a) Information above filled out completely. b) Acknowledgment by the applicable zoning authority (in the form of the stamp on the drawing or separate letter of 								
	memorandum) that the preliminary plat complies with the zoning resolution currently in effect, as required in Section 306 (7) of the Warren County Subdivision Regulations.								
	c) 🔲	c) Certification (in the form of a letter or memorandum) from the Warren County Engineer's Office and/or Ohio Department of Transportation for the proposed street network.							
	d)	d) A letter from the Warren County Combined Health District indicating the proposed subdivision can adequately accommodate on-site septic systems (if applicable).							
	e) A filing fee of \$264								
an app next re	olication re egularly scl		n of approval of the preliministion Executive Comm	minary plan i ittee Meetin	dentified abov g so long as it i	e. Such s submit	request will be presented at the tted 10 business days prior to the		
APPLICANT(S):				OWNER(S)' CONSENT (Required):					
Print I	Name		Date	Print Na	me		Date		
Signature of Applicant(s) Electronic Signature Acceptable			Signature of Property Owner(s) Electronic Signature Acceptable						