

Belmont County Subdivision Regulations

Application for Minor Subdivision (Lot Split)

Name of Applicant:	 	
Address:		
Telephone:	 Email:	
Township:	 Parcel #	
Acreage:	 # of Lots	
Applicant Signature	 Date	Fee

Submission Requirements

- 1. A professional stamped survey shall conform to the minimum standards for boundary surveys in the State of Ohio.
- 2. Survey boundaries and lots lines on at least a 11x17 sheet and at a scale between 1"=10' and 1"=100'. The Plat shall be at a scale that is legible to the reviewing departments and agencies.
- 3. Location of monuments and their descriptions.
- 4. Location and size of all buildings.
- 5. Areas within the 100-year floodplain and within floodways as determined by FEMA
- 6. Other items or provisions deemed necessary by the Planning Director, or designee.

Approval Requirements

- 1. The proposed division of a parcel of land as shown on the last proceeding tax duplicate involves no more than five (5) lots, after the original parcel has been completely subdivided, any one of which is under five (5) acres (inclusive of the remainder parcel).
- 2. The proposed subdivision is along an existing public street, and involves no opening, widening or extension of any street or road or public utility.
- 3. The proposed division is not contrary to applicable subdivision, zoning or other regulations or has received any necessary variances.
- 4. The proposed subdivision shall be approved by the County Planning Department, County Engineer, County Water and Sewer District, County General Health District (if applicable) and any other federal, state and local departments and agencies that may be applicable.
- 5. Planning Director, or designee, approval and stamp.

Internal County Review

County Engineer Review Date received: _____ Date reviewed:_____ Comments: County Engineer Approval: **County Water and Sewer District Review** Date received: _____ Date reviewed:_____ Comments: County Water and Sewer District Approval: **County General Health District Review** Date received: _____ Date reviewed:_____ Comments: County General Health District Approval: