



The City of

Alliance, OHIO, 44601-2415

"The Carnation City"

504 EAST MAIN STREET

CURTIS D. BUNGARD, P.E.
ENGINEERING, BUILDING & ZONING

Phone (330) 823-5122

Fax (330) 829-2236

FINAL PLAT CHECKLIST

Project: _____ Date: _____

The following information **MUST** be included with all requests for Final Plat submitted for review and processing in order to constitute a complete Final Plat package. Incomplete applications will not be processed.

Complete Final Plat Package Includes:

- ____ This completed form
- ____ Planning Commission Application
- ____ 10 Copies of the Plan
- ____ 3 Reduced Copy of Plans 11"x17"
- ____ Electronic (PDF) Set of Plans

Please check the following items to ensure the plan has complied with the City of Alliance's Final Plat Requirements. These are the minimum requirements. The applicant is responsible to provide any and all other information that is pertinent to the proposed Final Plat change. All items must be checked unless an item is not applicable to this particular project; whereas, "N/A" should be written beside the box. Failure to include all applicable items will constitute an incomplete submittal.

Plat Requirements:

- All sheets must be either 24"x36" or 18"x24". A larger sheet size must be approved prior to submittal.
- The drawing must be appropriate for the detail of the plan. The scale must be either 1"=10', 20', 30', 40', 50', 60' or 100'. A different drawing scale must be approved prior to submittal.
- Include a North arrow.
- All plats must be stamped and signed by a Professional Engineer licensed to practice in the State of Ohio.
- All plats must be computer generated. A copy of the Final Plat must be submitted in a ".dwg" format on a CD prior to the plat being signed.
- Plats must be referenced to the Alliance Mapping System. Please contact the Engineer's Office for reference points for your project location.
- Show and label the road right of way as "R/W" and all property lines as "P/L".
- Show and label adjacent roadways with right of way widths along with the bearings and distances of the centerlines.
- Label all lot lines with the correct bearings and distances, either all clockwise or counterclockwise.
- Show and label all easements.
- Label the site's parcel number, City Lot or Outlot number, zoning category, owner's name and acreage of the site.
- Label adjacent properties' parcel number, City Lot or Outlot numbers, zoning category, owner's names.
- Show the location of the parcel with respect to the intersection of two roadways (this may be done with a dimensional tie).
- Label the basis of bearing.
- Show and label all street centerline monuments.
- Show and label all lot corners found and/or set.

Include all necessary signature blocks. This information can be obtained from the Engineering & Building Department.

The Engineering & Building Department will review the Final Plat Request when it has been processed. If there are any comments, the applicant will receive the comments by fax and mail. Three copies of the revised plan must be submitted with a response letter addressing each comment. If a response letter is not received, the plan will not be reviewed. Ample time should be given to allow for review of the resubmittals. (*The week of Planning Commission is typically insufficient time to review the resubmittals prior to Planning Commission*).

Cost of publication to be paid by: _____

Name and address: _____

Does this plat need to have an emergency clause? YES _____ NO _____

If yes, state reason: _____

I do hereby attest that all above applicable items have been incorporated into the plan. I understand that failure to include all applicable items will constitute an incomplete submittal, which in turn will not be processed.

Signature of the Applicant

Date

CITY OF ALLIANCE
Application for Planning Commission Review

Submission Date: _____ **Date of Meeting:** _____

Type of Submittal (Check all that apply): _____ Site Plan; _____ Replat; _____ Alley/Vacation; _____ Variance(s);
_____ Preliminary Plat; _____ Final Plat; _____ Zoning Change; _____ Conditional Use; _____ Other (explain)

Project Name: _____

Location: _____

_____ Lot/ Parcel No.: _____

Owner's Name: _____

Address: _____

City, State & Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Professional contact Name (*Engineer, Surveyor, Architect, etc.*): _____

Professional Contact's Firm: _____

Address: _____

City, State & Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Primary Contact Name: _____

(The person the City should contact regarding the project.)

Address (if different than above): _____

City, State & Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Planning Commission meets every 3rd Wednesday of each month. Submission deadline is the 20th of the month prior to the regularly scheduled meeting. Late applications will be scheduled for the next available meeting. All information listed on the application and applicable checklist must be submitted for the application to be complete. Incomplete applications will not be processed. An authorized representative must attend the Planning Commission for the project to be considered.

I do hereby attest that all statements, signatures, descriptions, and exhibits submitted with this application are true and accurate to the best of my knowledge and that I am authorized to file this application and act on behalf of the property owner.

Signature of the Applicant

Signature of the Property Owner, if not the applicant