The City of
Alliance, OHIO, 44601-2415
"The Carnation City"
504 EAST MAIN STREET

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Final Plat Checklist

The following information **MUST** be included with all final plats submitted for review and processing in order to constitute a complete Final Plat Package. **Incomplete applications will not be processed. All applicable requirements will be strictly enforced.**

Complete Final Plat Package Includes:
- ❑ This completed form
- ❑ Application
- ❑ 20 Copies of the Plat
- ❑ One 8"x11" or 11"x17" Reduced Copy of Plat

Please check the following items to ensure the plat has complied with the City of Alliance's Final Plat Requirements. These are the minimum requirements. The surveyor is responsible to provide any and all other information that is pertinent to plat. 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. **Incomplete submittals will not be processed. All applicable requirements will be strictly enforced.**

Plat Requirements

- ❑ All sheets must be either 24"x36" or 18"x24". A larger sheet size must be approved prior to submittal. The final signed copy must be on a mylar sheet.
- ❑ The drawing scale 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 Surveyor 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 Keith Dylewski at 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 numbers, 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 plat 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 plat must be submitted with a response letter addressing each comment. If a response letter is not received, the plat 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 legislation 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 plat. 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. All applicable requirements will be strictly enforced. 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