

CLERMONT COUNTY PERMIT CENTRAL

Type: Lot Split 711 Transfer Re-plat DP

PROJECT #:

APPLICANT/OWNER INFORMATION

Applicant Name	Daytime Phone:
Mailing Address	Email:
City/State/Zip	
Owner Name	
Mailing Address	
City/State/Zip	

PROPERTY INFORMATION

Existing Tax Parcel Number:	Township:		
Street Name:	Adjacent Address:		
Nearest Intersection:	House Size (# of Bedrooms):		
Existing Parcel Acreage:	Proposed Parcel Acreage:	Proposed # of Lots:	Subdivision Name (if Replat):
Public Sewer Available:	YES	NO	Water Source:

AFFIDAVIT

I, _____, the applicant, hereby certify that all material submitted with this application is true and correct and 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. I also certify that the record owners and any lien holders of the property herein platted do by accept said minor subdivision of the parcel and consent to the execution and recording the same.

State of Ohio County of _____ ss

 Signature of Applicant

This _____ day of _____ A.D. 20 _____

 Notary Public
 My Commission Expires _____

Revised: 12.2.20

**Note: This affidavit shall be completed and notarized when applying for a Minor Subdivision or a 711 Transfer.*

Existing Lot Review Fees

Health Department	Fee
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Application Fees

Department	Fee
Base Application Fee	\$50.00
Building Department	
Planning Department	
Health District	
Total Amount Due:	

