11660 Upper Gilchrist Rd. Mount Vernon, OH 43050

Rev 01/2021

www.knoxhealth.com

Phone 740-392-2200 Fax 740-392-9613

Application for Subdivision Lot Review Fee \$55 per lot

SUBDIVISION NAME				
LOCATION OF PROPERTY TO BE	SUBDIVIDED			
ROAD	1	rownship		
PROPERTY OWNER		F	PHONE	
ADDRESS				
DEVELOPER		F	PHONE	
ADDRESS				
CONTACT PERSON				
NAME			PHONE	
ADDRESS				
ACREAGE TO BE SUBDIVIDED		_ (Acres)	NUMBER OF LOTS	
MINIMUM LOT SIZEA copy of the plat must be s				
staked and easily identified	•			
		USE ONL'	_	
Date Received:	Received by	/:	Receipt #:	
Fee Received:				