



Planning Commission
 40 West Main St
 Service Dept
 Newark, Ohio 43055
 (740) 670-7703

City of Newark
Lot Split/Combination Application
www.newarkohio.net

Office Use Only

Application # PC- _____
 Date Received: _____
 Received by: _____
 Amount Due: \$20.00
 Paid By: _____
 Check # _____ Cash

Application Type

Lot Split Lot Combination Lot Split and Lot Combination

Owner

Property Owner: _____ Telephone: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____ Fax: _____

I would prefer to have Agendas mailed rather than e-mailed

Applicant/Representative

Representative: _____ Same as above Telephone: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____ Fax: _____

I would prefer to have Agendas mailed rather than e-mailed

Property Location (P1 is Parcel #1, etc.)

Street Address: _____ Current Zone: (P1) _____ (P2) _____ (P3) _____
(abbreviated Zoning Classification from Zoning Code 08-33)

Parcel Tax ID(s) #: (P1) _____ (P2) _____ (P3) _____

Lot Number(s): (if applicable) (P1) _____ (P2) _____ (P3) _____ # of acres: _____ Property Platted? Yes No

Property Use

Present Use: (Please indicate which property)

Property Type	P1	P2	P3	Structure?
Vacant Land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes

Proposed Use: (Please indicate which property)

Property Type	P1	P2	P3	Structure?
Vacant Land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes

Additional Comments (Optional)

Comments:

PC- _____ Application #

Documentation and Process Overview

- Obtain a Tax Map – contact the [Licking County Engineer's Office](#) or visit <http://www.lcounty.com/OnTrac/>
Licking County Engineer's Office, 20 S 2nd St (3rd Floor) Newark, OH 43055 (740) 670-5280.
- Obtain a Survey Map with Legal Description – contact a surveyor
Note: the survey should show the property as if the proposed split/combo were approved
- Contact the [Engineering/Zoning Department](#) for a zoning review – call for appointment.
Newark City Engineering Department, 40 W. Main Street (2nd Floor) Newark, OH 43055 (740) 670-7727.
Note: an Engineering/ Zoning Authorization Signature is required on this application
- Return all application materials to the [Service Department](#) for inclusion on a Planning Commission Agenda.
Newark City Service Department, 40 W. Main Street (2nd Floor) Newark, OH 43055 (740) 670-7703.
Note: a \$20.00 fee must accompany this application. Make checks payable to "City of Newark."
- Attend the [Planning Commission Meeting](#) to obtain approval of the split/combination. (Once approved, a signed copy of this application will be e-mailed to you unless you indicated you prefer mailed correspondence.)
Newark City Council Chambers, 40 W. Main Street (1st Floor) Newark, OH 43055
Note: be prepared to answer Planning Commission Member's questions regarding your application

Owner Acknowledgement

I hereby certify that the information provided in this application is true and factual to the best of my knowledge.

Property Owner Signature: _____ Date: _____

Representative Signature: _____ Date: _____

Engineering/Zoning Authorization – Office Use Only

Approved Denied Approved with Conditions

Representative Signature: _____ Date: _____

Comments/Conditions: _____

Planning Commission Authorization – Office Use Only

Approved Denied Approved with Conditions

Planning Director Signature: _____ Date: _____

Comments/Conditions: _____