



CITY OF LORAIN
Building, Housing & Planning
**PLAT APPROVAL
APPLICATION**

Phone: 440-204-2045 / Fax: 440-204-2540

DATE _____
AMOUNT DUE: \$82.50
CASH\$ _____ CHECK# _____
APPLICATION# _____ PERMIT# _____

Location (Street or Road): _____

Parcel #(s): _____

Current Owner: _____ Telephone: _____

Address: _____ Email Address: _____

Contact Person: _____ Telephone: _____

Address: _____ Email Address: _____

Name of Surveyor: _____ Telephone: _____

Address: _____ Email Address: _____

Existing Zoning: _____ Total Acreage of all Lots: _____

Existing Number of Lots: _____ Proposed Number of Lots: _____

General Description of Proposal

Applicant's Signature

Date

By the above signature, the applicant hereby attests to the truth and exactness of all information supplied and submitted on and with this application. By the above signature, the applicant furthermore consents to be bound by this application, by an agreement made by the applicant or its agent, and by all decisions made by the City of Lorain relating to and in connection with this application.