

**VAN WERT COUNTY  
APPLICATION FOR APPROVAL OF MINOR SUBDIVISION (Lot Splits)**

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
(Buyer, Seller, or Agent)

Address: \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

Name of Surveyor or Engineer \_\_\_\_\_

**ATTACH COPY OF SKETCH AND LEGAL DESCRIPTION**

Location Description: Section \_\_\_\_\_ Township \_\_\_\_\_

Range \_\_\_\_\_ Other \_\_\_\_\_

Number of Lots: \_\_\_\_\_ Area of Parcel(s) \_\_\_\_\_

Signature of Owner (Buyer or Seller): \_\_\_\_\_

ALL APPLICATIONS REQUIRE THE APPROVAL OF THE APPROPRIATE OFFICIALS.

Signature of the required zoning official(s) certifies the following: no plat is required (5 or fewer lots on original parcel), sketch and legal description have been reviewed, lots meet zoning requirements, and application approval. Signature of County Sanitarian certifies that the lot meets standards for well/septic permits. Signature of County Engineer denotes approval of road cuts and drainage.

**1. Flood Insurance Rate Map**

\_\_\_\_\_  
Signature of RPC Executive Director/Tax Map Supervisor  
121 East Main Street, Room 106, Van Wert, Ohio 45891  
(419) 238-3611 vanwertmap@yahoo.com

Map Date: September 1, 1987 (FEMA)  
Community Number: \_\_\_\_\_  
Panel Number: \_\_\_\_\_  
Zone: \_\_\_\_\_

**2. For proposed minor subdivisions intended for new construction that will require well and/or septic permit:**

\_\_\_\_\_  
County Sanitarian

Van Wert County Health Department  
1179 Westwood Dr., Suite 300  
(419) 238-0808 ext.

**3. For Proposed minor subdivisions not within a City or Village, intended for new construction that will require road cuts and drainage. For township roads, see Township Zoning Inspector.**

\_\_\_\_\_  
Signature of County Engineer or Representative

220 South Market Street, Van Wert  
(419) 238-0210

**4. For proposed minor subdivisions within Township/Unincorporated Area:**

\_\_\_\_\_  
Signature of Zoning Inspector/Township

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

**5. For proposed minor subdivisions within City of Village:**

\_\_\_\_\_  
Signature of Zoning Inspector/Official

\_\_\_\_\_  
City/Village

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

6. Submit to Tax Map Office: Cathie Miller, Courthouse, 121 E. Main St. Room 106, Van Wert, OH 45891 (419)238-3611