

**Gallia County
Planning Commission
Appendix B – Application for Approval**

Grantor: _____ Grantee: _____ Acreage: _____

- Minor Subdivision** **Large Lot Development** **Easement** **Other**

Engineer

Date: _____

- All in one (1) parcel.
- Approved for accuracy of description **ONLY!**
- Approved with corrections. (See description and/or map)

Comments: _____

Signature

Health Department

Date: _____

- Meets Section 3701.29 of the Ohio Administrative Code regarding household sewage treatment.
- Meets Section 6117.51 of the Ohio Revised Code regarding public sewer connection.
- This parcel must be transferred **only to an adjoining property owner** and **cannot** be used as a separate residential building site or, granted a variance from the Gallia County Health Department.
- DISAPPROVED**

Comments: _____

Fees: \$100 + \$10 any additional lots < 20 acres

Environmental Health

Planning Commission

Date: _____

(This form is designed for property located in the **Un-Incorporated** area ONLY; if property is located in the **city** or a **village** their requirements must be met and signature obtained.)

Action: _____
(Information checked below must be included on deed.)

- Minor Lot** – Under 5-acres, No plat required under ORC 711.131
- Large Lot** – No plat required under ORC 711.133
- Large Lot - EXEMPT** – For agricultural or personal recreational use only. (No approval or plat required under ORC 711.133)
- Variance** granted _____ (date) - Section _____ of Gallia County Subdivision Regulations.
- TO ADJOINER ONLY**, not to be used as a separate building site or transferred as an independent parcel in the future without planning commission approval.
- No Approval Necessary** (resurvey only or proposed lot is over 20-acres)

Comments: _____

Signature

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Auditor

Date: _____

*Action _____

Assigned Parcel ID Number(s):

Signature

*Form below must be completed before Auditor will assign parcel I.D. numbers;
NO transfers will be made without the completed form. (ORC 319.20)

**GALLIA COUNTY AUDITOR
AGREED DIVISION OF VALUATION ON SPLIT/CHANGE OF ACREAGE**

Auditor's Parcel ID# _____ Township: _____

TO THE AUDITOR OF GALLIA COUNTY:

Based on the new surveyed parcel, we submit the following information:

SURVEY IS TO CHANGE ACREAGE ON EXISTING PARCEL ONLY:

According to the new survey, the above parcel contains _____ acres.

SURVEY IS TO SPLIT A PARCEL:

(1) The new survey contains _____ acres from the above Auditor's parcel, which is presently carried as _____ acres in the Auditor's records.

(2) The parcel is being divided as follows:

Grantor(s)	_____	_____
	Name	Acreage
Grantee(s)	_____	_____
	Name	Acreage

(3) Based on the new survey, please indicate the number of acres that make up each land type for the new split parcel:

Homesite _____	Pasture _____
Tillable _____	Woodland _____
Other (explain) _____	

(4) Are any structures located on the new split parcel? Yes No

If yes, please list the type and size of structures: _____

Date: _____

Grantor(s) _____

Grantee(s) _____

Note: In accordance with the requirements of Sec. 319.20 Revised Code of Ohio, when a PART ONLY of a tract of land or lot is conveyed, no transfer will be made in the Auditor's Duplicate unless the above "Agreed Division of Valuation" blank signed by both grantor and grantee is presented.