

**PLAT REVIEW
CUYAHOGA COUNTY ENGINEER'S
SURVEY DEPARTMENT**

THIS REVIEW IS TO VERIFY COMPLIANCE WITH O.R.C. 4733-37 REQUIREMENTS FOR PLATS AND SURVEYS.

TITLE: _____

LOCATION:

Municipality: _____

P.P.N.: _____

Streets: _____

Contact Name: _____ Phone: _____

Received in Tax Map: _____ Received in Survey: _____

Preliminary Review Date: _____ Reviewing Agent: _____

1st Submittal 2nd Submittal 3rd Submittal

APPROVED AS SUBMITTED APPROVED AS NOTED

By _____ Date _____

- SEE MARKED UP PLAT - SEE COMMENTS BELOW

