



**Village of Chagrin Falls – Building Department**  
**LOT SPLIT/LOT CONSOLIDATION/PROPERTY LINE ADJUSTMENT APPLICATION**

Village Hall 21 W. Washington St. Chagrin Falls, OH 44022  
Phone # 440-247-5050 – Fax # 440-247-2082

Chief Administrative Officer: Rob Jamieson [Email: rjamieson@chagrin-falls.org](mailto:rjamieson@chagrin-falls.org) Direct: 440-247-2798  
Building Inspector: Harry Edwards [Email: Harry@chagrin-falls.org](mailto:Harry@chagrin-falls.org) Direct: 440-247-3156  
Building Administrative Assistant: Katie Knauff [Email: Katie.Knauff@chagrin-falls.org](mailto:Katie.Knauff@chagrin-falls.org)

**FILING FEE: \$250 – Make Checks Payable to the Village of Chagrin Falls**

<b>Address of Subject Property:</b> _____ <b>Permanent Parcel Number:</b> _____	
<b>Property Owner's Name:</b> _____	
<b>Phone Number:</b> _____	<b>Email Address:</b> _____
<b>Property Owner's Signature:</b> _____ <b>Date:</b> _____	

<b>Surveyor Name:</b> _____	<b>Phone Number:</b> _____
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**Procedure for Filing:**

- One (1) paper copy of property, by registered surveyor, showing existing lot lines.
- One (1) paper copy of proposed lot lines.
- Submit application, plans & fees to the office of the Chief Administrator (CAO) for review & approval.
- CAO submits to the Village Engineer for review.
- When the submission has been approved both the CAO & Engineer, plans will be available for pick up.
- Plans must be taken to obtain a MYLAR copy of the approved plans. PLEASE NOTE, any comments shall be copied to the Mylar.
- Bring Mylar to the office of the CAO as it MUST BE signed by the CAO & Engineer BEFORE being submitted to the county.
- Submit Mylar to Cuyahoga County Public Works Tax Map Staff.
  - Phone # 216-348-3846
  - Cuyahoga County Department of Public Works  
2079 East Ninth Street  
Cleveland, OH 44115  
[Publicworks@cuyahogacounty.us](mailto:Publicworks@cuyahogacounty.us)

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**OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Reviewed By, Building Inspection:**

**Reviewed By, Chief Administrator:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE