HAMILTON COUNTY REGIONAL PLANNING COMMISSION **Thoroughfare Plan R-O-W Modification Process**

	Schedule	Applicant	RPC Staff	RPC
BEFORE RPC MEETING	At least 21 calendar days before the desired RPC public hearing date (held on first Thursday of each month).	Submits Completed Application and fee ¹		
	Within 1 workday after submission of application		1.Reviews application for completeness & advises applicant 2.Submits application to County Engineer	
	1 week before RPC meeting		Finalizes staff report and copies applicant	Packet is sent to RPC members
	1st Thursday of each month (RPC regular meeting)			Holds public hearing and votes on amendment ²
	Within 1 week after RPC's adoption		Notifies County Engineer of RPC decision	

NOTES:

- Fees: (\$200.00).
 RPC approval requires four affirmative votes.

HAMILTON COUNTY REGIONAL PLANNING COMMISSION



Thoroughfare Plan Right-of-Way Width Modification Application

APPLIC	CANT IN	FORMATION									
Last Name			First			M.I.		Date			
Company				Title							
Street Address							Suite/I	Jnit #			
City				State			ZIP	ZIP			
Phone	Phone			E-mail Address							
RATIO	NALE FO	OR REQUEST (as stipulated by Hamilton	on County	y Thorou	ıghfare Pla	an)					
In conjunction with locally adopted subarea plan (please attach or reference						ce plan)			YES 🗆		
Impractical based on traffic study (please attach traffic stud				iy)				YES 🗆		NO 🗆	
Bypass or road improvement □(please attach letter from Co				unty Engineer)				YES 🗆		NO 🗆	
PROJE	CT INFO	RMATION									
Name					Parcel #						
Address					Acres C		Case #	Case #			
City				F		ROW Req	uired				
Jurisdicti	on	7	Zip		R		ROW Req	ROW Requested			
		***PLEASE ATTACH SI	TE PLAN	I AND S	UPPORT	ING DOCL	JMENTS**	* *			
REVIEV	N PROC	ESS									
Hamilton	County F	dify the right-of-way dedication width wil legional Planning Commission (HCRPC). each month) and make a decision on the	The HCR	PC will o	onsider th						
		AND SIGNATURE	'								
		HE INFORMATION AND STATEMENTS GI TRUE AND COMPLETE BASED UPON THE						CHMEN	its are	, to the best o	F
Signature					Date						
Printed Name											
FOR OF	FFICE U	SE ONLY									
Date Received				Fee							
Payment Method					County Engineer Recommendation:						
HCRPC Decision:					Date of Action:						