

**APPLICATION FOR APPROVAL
PRELIMINARY PLAT
CITY OF MACOMB, ILLINOIS**

1. Proposed Name of Subdivision: _____
2. Location of Subdivision (Street Address): _____
Legal Description: _____
3. Owner:
Name _____
Address: _____
Telephone/E-mail: _____
4. Developer, (if other than owner):
Name _____
Address: _____
Telephone/E-mail: _____
5. Engineer who will design the improvements:
Name _____
Address _____
Telephone _____
5. Attorney representing Owner or Developer:
Name _____
Address _____
Telephone _____
6. The following are attached to and made part of this application:
 - a. Four (4) full-sized copies of the Preliminary Plat and one 8.5" X 13" copy.

Application is hereby made for the approval of the Preliminary Plat.
I understand that submittal of the application and subdivision preliminary Plat does not guarantee approval by the Macomb Planning Commission or Board of Alderman.

Signature of Applicant

Signature of Owner, (if different from Applicant)

Date

RETURN COMPLETED FORM TO:
CITY OF MACOMB
OFFICE OF BUILDING & ZONING
SECOND FLOOR, CITY HALL
232 EAST JACKSON STREET
MACOMB, ILLINOIS 61455

IF YOU HAVE ANY QUESTIONS ON COMPLETING THIS FORM, PLEASE FEEL FREE TO CALL (309) 833-4944