



**APPLICATION FOR MINOR
SUBDIVISION**
Fee: \$1.00 for each lot, sub-lot, or tract of land shown upon a final map. Minimum \$2 per map.

Presubmission: Before submitting an application for a minor subdivision the applicant shall schedule an appointment with the Community Development Coordinator, or said designee, to discuss the procedure for approval and all requirements that may apply.

1. **Proposed Name of Subdivision:** _____

2. **Address/ Property ID** _____

3. **Property Owner**

Name: _____

Address: _____

Telephone/ E-mail: _____

4. **Developer/ Subdivider (If other than owner)**

Name: _____

Address: _____

Telephone/ E-mail: _____

5. **Engineer**

Name: _____

Address: _____

Telephone/ E-mail: _____

6. **Land Surveyor**

Name: _____

Address: _____

Telephone/ E-mail: _____

7. **Land Trust Statute (Names and % interests of beneficial owners):**

Name: _____ **% Interest:** _____

Name: _____ **% Interest:** _____

Name: _____ **% Interest:** _____

Name: _____ **% Interest:** _____

(If in need of more space please attach a list to the back)

Required attachments:

1. **Copies of Minor Subdivision plat:** Three full sized copies of the Minor Subdivision 18" x 24".



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*** Please refer to the packet attached to this application for all the general provisions requirements of a Minor Subdivision plat.**

- 2. Owner's Certificate:** The owner's certificate shall be dated and signed by the owner or the duly authorized attorney and notarized. The owner's certificate may be shown on the face of the plat or attached thereto.
- 3. Surveyor's Certificate:** Prepared in accordance with 765 ILCS, as amended and as may hereinafter be amended, including the surveyor's seal and statement that all monuments are set as shown.

Fees apply. Please see Macomb Municipal Code for more detailed information.

Application is hereby made for the approval of a Minor Subdivision. **I understand that submittal of the application and 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
COMMUNITY DEVELOPMENT OFFICE
SECOND FLOOR, CITY HALL
232 EAST JACKSON STREET
MACOMB, ILLINOIS 61455**

If you have any questions about completing this form, please feel free to call (309) 833 -4944.