



**APPLICATION FOR APPROVAL:  
PRELIMINARY PLAT**

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

1. Proposed Name of Subdivision: \_\_\_\_\_

2. Location of Subdivision (Street Address): \_\_\_\_\_

Legal Description: \_\_\_\_\_

3. Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/E-mail: \_\_\_\_\_

4. Developer Name (if other than owner): \_\_\_\_\_

Address: \_\_\_\_\_

Phone/E-mail: \_\_\_\_\_

5. Engineer who will design the improvements

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/E-mail: \_\_\_\_\_

6. Attorney representing Owner or Developer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/E-mail: \_\_\_\_\_

7. The following are attached to and make part of this application:

- a. Four (4) full-sized copies of the Preliminary Plat and one 8.5" X 13" copy.



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

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.**

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Signature of Applicant

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Signature of Owner, (if different from applicant)

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Date

RETURN COMPLETED FORM TO:  
CITY OF MACOMB  
OFFICE OF COMMUNITY DEVELOPMENT  
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