



**PLANNING, ZONING & MAPPING**

Phone: (815) 319-4350 ■ Fax: (815) 319-4351  
404 Elm Street ■ Room 403 ■ Rockford, Illinois 61101

**APPLICATION FOR SUBDIVISION PLAT REVIEW**

Preliminary/Tentative                       Final                       Re-Plat

Township \_\_\_\_\_ Fire Dist. \_\_\_\_\_ School Dist. \_\_\_\_\_

Within 1 ½ miles from:

Cherry Valley     Durand     Loves Park     Machesney Park     New Milford  
 Rockford     Rockton     Roscoe     South Beloit     Winnebago     Pecatonica  
 None             Other: \_\_\_\_\_

**PLEASE PRINT IN BLUE INK OR TYPE**

1. Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Surveyor/Engineer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Attorney Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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5. Project Manager: In order to reduce confusion, the Planning staff requests one contact person be designated to discuss issues concerning this petition.

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

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

7. Property Location: \_\_\_\_\_

PIN: \_\_\_\_\_ Section: \_\_\_\_\_ Twp: \_\_\_\_\_ Range: \_\_\_\_\_

8. Proposed Use(s): \_\_\_\_\_ Area of Parcel: \_\_\_\_\_

Present Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_ # of Lots: \_\_\_\_\_

9. Do you propose deed restrictions, or covenants?  Yes\*  No (\*If Yes, please attach a copy)

10. For residential subdivisions indicate total number of proposed:

Single-Family: \_\_\_\_\_ Two-Family: \_\_\_\_\_ Multi-Family: \_\_\_\_\_

Indicate total dwelling units of all Multi-Family: \_\_\_\_\_

11. What type of sewage disposal do you propose? \_\_\_\_\_

\*Note, per Section 74-12(e)(1) all subdivisions, any part of which are within one and one half mile from an incorporated municipality must provide public sewer, or seek a variation from the requirement.

12. List all proposed improvements and utilities. State your intention to install or post a guarantee prior to installation.

Improvement	Installation	Guarantee
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

13. List other materials submitted with this application.

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

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15. Pursuant to State Statute – all plats upon recording must be accompanied by a Drainage Overlay.

The “National Historic Preservation Act” entitles the Illinois Historic Preservation Agency to review all platting applications for their impact on cultural or historical resources if the proposed development involves Site or Federal funding. The applicant is responsible for contacting Illinois Historic Preservation at (1-217-782-4836). Illinois law allows thirty (30) days for their response.

**SIGNATURES**

Applicant(s) \_\_\_\_\_ Date Signed \_\_\_\_\_

Surveyor/Engineer \_\_\_\_\_ Date Signed \_\_\_\_\_

**FILING PROCEDURE**

Plats shall be prepared in accordance with the applicable provisions of the Winnebago County Subdivision Ordinance. It is the responsibility of the applicant to ensure that they comply with the most up to date regulations.

This form, twelve (12) full size copies, folded to 8.5” x 11”, and two (2) 11” x 17” copies of each page of the plat shall be filed with this application. Reduction must be readable. All plats must be filed in the Planning & Zoning Office. For subdivisions that will be serviced by septic, please be sure to submit two copies of the soil delineation overlay map / report.

Filing fees are required at time of application and pursuant to the following fee schedule:

**Preliminary/Tentative Plat:**

\$300 plus \$20 per lot or per acre, whichever is greater. Minimum fee of \$320.

**Final Plat:**

\$200 plus \$20 per lot or per acre, whichever is greater. Minimum fee of \$220.

**Re-Plat:**

\$150 plus \$20 per lot or per acre, whichever is greater. Minimum fee of \$170.

**\*PLEASE INSURE THAT ALL APPLICABLE MATERIALS AND FEES ARE SUBMITTED TOGETHER. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT THE PLANNING & ZONING OFFICE @ (815) 319-4350.

FOR OFFICE USE ONLY	
Staff (initials): _____	Filing Date: _____
Zoning District: _____	ZC Date: _____
Fee Paid: _____	CB Date: _____