Lawrence M. Walsh
County Executive

PLAT APPLICATION

Will County Land Use Department
58 E. Clinton St., Suite 500 • Joliet, Illinois 60432
Telephone (815) 740-8140 • Facsimile (815) 774-3386
Internet Site - http://www.willcountylanduse.com

Application for approval of: ◯ **Preliminary Plat** ◯ **Final Plat** ◯ **Minor Plat**
◯ **Conventional** ◯ **Conservation** ◯ **PUD**

Subdivision Name: _____

Owner_____ Address_____
Phone:_____ City/Zip_____
Email:_____

Developer_____ Address_____
Phone_____ City/Zip_____
Email:_____

Consultant_____ Address_____
Phone_____ City/Zip_____
Email:_____

Agent/Attorney_____ Address_____
Phone_____ City/Zip_____
Email:_____

Mail Correspondence to: _____

Legal Description of Site: _____
_____
_____

Total Acreage:_____PIN No. _____ Zoning_____ Zoning Case No._____

Preliminary Plat Approval (Date):_____
Pre-Application Meeting (Date):_____
Improvement Plans Included: _____ Yes _____ No

Attach the following:

- Seven (7) full sizes copies (folded) of Plat
- Fifteen (15) 11”x17” reduced copies (folded) of Plat
- Electronic full size copy (PDF format) of Plat

STATE OF ILLINOIS)
) SS
COUNTY OF WILL)

_____, hereby depose and say that all of the above statements and the statements contained in the papers submitted herewith are true. Also, in consideration of this application and attached Plat being made a part thereof, and the approval of said plat:

1. I/We will conform to the regulations set forth in the Subdivision Ordinance.
2. I/We also agree that all work performed in said subdivision will be in accordance with the approved plat which accompanies this application.
3. I/We further state that I/we make this application in order to induce the Land Use Committee of the Will County Board to issue its official approval of the Plat.

_____ _____
Signature of Owner or Authorized Agent Date

Address_____

City/Zip_____

Phone No._____

SUBSCRIBED AND SWORN TO BEFORE ME
THIS_____DAY OF _____, 20___

_____ _____
NOTARY PUBLIC My Commission Expires
(seal)

FOR OFFICE USE ONLY:

Date Received: _____ Plat Review Fee: _____

Township: _____ Received By: _____