

## (APPLICATION FOR SUBDIVISION PLAT REVIEW)

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	FINAL PLA	·Τ					
Fire I	District:						
Scho	ol District:						
Withi	n 1½ miles fro	m:					
ı	Petersburg	Athens	Greenview	Not applicable			
PLE	ASE PRINT IN	BLACK INK OF	RTYPE				
1.	APPLICAN1	APPLICANT NAME:					
	MAILING AI	MAILING ADDRESS:					
	DAYTIME P	PHONE:					
	FAX:						
2.	PROPERTY OWNER'S NAME (If different):						
	MAILING ADDRESS:						
	DAYTIME P	PHONE:					
	FAX:						
3.	SURVERYO	OR/ENGINEER N	IAME:				
	MAILING ADDRESS:						
	DAYTIME P	PHONE:					
	FAX:						

4.	ATTORNEY NAME:
	MAILING ADDRESS:
	DAYTIME PHONE:
	FAX:
5.	PROJECT MANAGER (In order to reduce confusion, County staff requests one contact person be designated to discuss issues concerning this petition):
	MAILING ADDRESS:
	DAYTIME PHONE:
	FAX:
6.	PROPOSED NAME OF SUBDIVISION:
7.	PROPERTY LOCATION:
	PROPERTY ID NUMBER:
	LEGAL DESCRIPTION:
	ACREAGE (TO NEAREST TENTH OF AN ACRE):
8.	PROPOSED USE(S):
0.	THOI GOLD GOL(G).
	ZONING CLASSIFICATION:
9.	DO YOU PROPOSE DEED RESTRICTIONS OR COVENANTS? (IF YES, PLEASE ATTACH COPY)
10.	FOR RESIDENTIAL SUBDIVISIONS, INDICATE THE TOTAL NUMBER OF LOTS/UNITS PROPOSED:
11.	WHAT TYPE OF SEWAGE DISPOSAL DO YOU PROPOSE TO UTILIZE?

WHAT IS YOUR WATER SOURCE?

12	LICT ALL	DDODOSED	<b>IMPROVEMENTS</b>	9 LITH ITIEC:
<b>Z</b> .	LIO I ALL	FRUFUSEU	IIVIEROVEIVIEIVIS	a utilites.

## FILING PROCEDURE

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

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

Less than 2 acres:	\$150.00
At least 2 acres but less than 15 acres:	\$300.00
At least 15 acres but less than 25 acres	\$450.00
25 acres or more	\$700.00

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

SIGNATURES					
APPLICANT					
DATE SIGNED					
FOR OFFICE USE ONLY					
Staff (initials):					
Filing Date:					
Zoning District:					
Fee Paid:					

(original 7-25-06)