

CITY OF O'FALLON, ILLINOIS
APPLICATION FOR APPROVAL OF PRELIMINARY SUBDIVISION PLAT

(To be submitted with Filing Fee (\$150.00 plus \$10.00 per lot) payable to "City of O'Fallon" and a separate check for Engineering Plan Review Fee payable to "The Fulton Group")

Date: _____

Name of Subdivision: _____

Name, Address, and Phone Number of Subdivider: _____

Name, Address, and Phone Number of Engineer: _____

Section: _____ Township: _____ Range: _____

Area of Tract: _____ Number of Proposed Lots: _____ Zoning: _____

Property interest of applicant: () Owner () Contract Purchaser () Other _____

APPLICANT'S CHECKLIST

REQUIREMENTS FOR SUBMITTAL	(YES or NO)
PAYMENT OF FILING FEE	_____
PAYMENT OF ENGINEERING PLAN REVIEW FEE	_____
6 PRINTS OF SUBDIVISION PLAT & ONE (1) 11" x 17" COPY	_____
VARIANCES – (IF APPLICABLE) REQUESTS ATTACHED	_____
NARRATIVE LETTER PROVIDING AN OVERVIEW OF PROJECT	_____
COMPLETION OF PRELIMINARY PLAT CHECKLIST	_____
COMPLETION OF PAYMENT RESPONSIBILITY FORM	_____
PRIVATE SUBDIVISION REGULATIONS ATTACHED (IF APPLICABLE)	_____
PHASE I DRAINAGE REPORT	_____
.PDF COPY OF PLAT	_____
SUBMITTAL IN CAD / GIS FORMAT	_____
PROOF OF DEVELOPER'S OWNERSHIP INTEREST	_____

***SUBMISSION PACKETS MUST BE COMPLETED IN FULL OR THEY WILL NOT BE RECEIVED BY THE CITY.**

I HEREBY affirm that I am authorized by the Developer to complete this **Application for Preliminary Plat** and that this request is in compliance with the Subdivision Regulations stated in the Subdivision and Development Control Ordinance of the City of O'Fallon, as indicated.

 Applicant's Signature