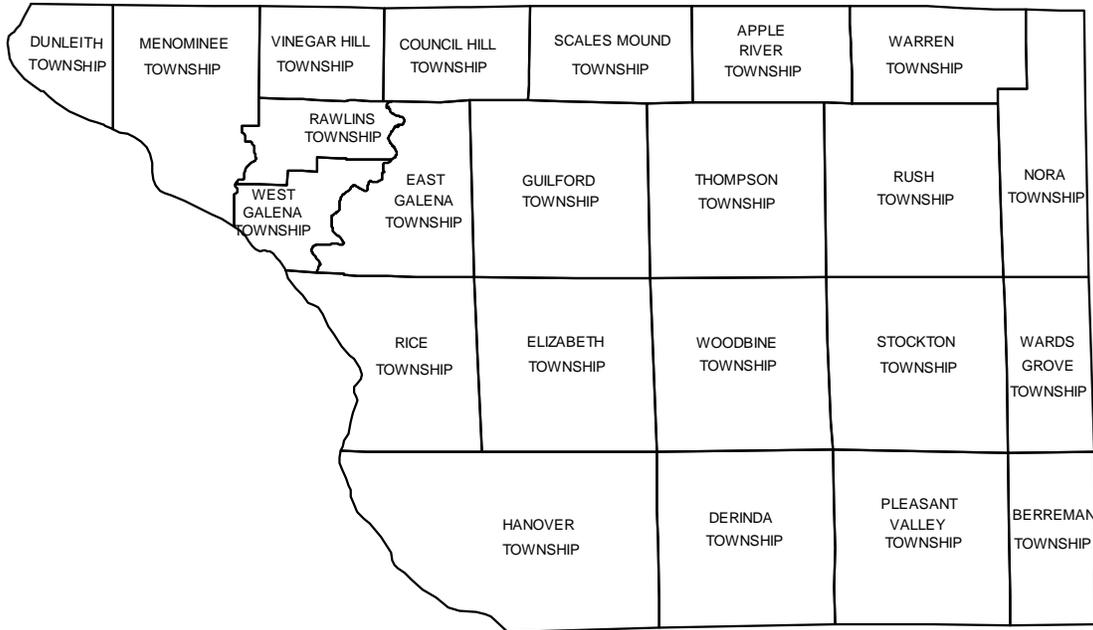


# Subdivision Application And Checklist



Revised: 05/21/2010  
 Revised: 01/13/2012  
 Revised: 12/19/2013  
 Revised: 10/06/2016  
 Revised: 06/01/2018

***Jo Daviess County Planning & Development Department***  
***1 Commercial Drive, Suite 1***  
***Hanover, IL 61041***  
***Telephone (815) 591-3810 -- Fax (815) 591-2728***  
***Eric Tison, Planning & Development Administrator***

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# Subdivision

## Submittal Requirements for Preliminary Plat

### Checklist

- |  |  |
|--|--|
| <input type="checkbox"/> Application form complete   | <input type="checkbox"/> Utilities   |
| <input type="checkbox"/> Legal description   | <input type="checkbox"/> Other conditions on the tract<br>(wooded areas, water courses<br>etc.)    |
| <input type="checkbox"/> Evidence of Title (Deed or Title<br>Policy)                                   | <input type="checkbox"/> Other conditions on adjacent<br>lands (embankments, ground<br>slope etc.) |
| <input type="checkbox"/> Natural Resource Inventory Report (If<br>not already submitted with rezoning) | <input type="checkbox"/> Proposed public improvements  |
| <input type="checkbox"/> Application fee   | <input type="checkbox"/> Road location, width and names  |
- Preliminary Plat**
- Location Map**
- |   |   |
|---|---|
| <input type="checkbox"/> Name of subdivision  | <input type="checkbox"/> Grades of public and private<br>roadways   |
| <input type="checkbox"/> Outline of area  | <input type="checkbox"/> Site uses indicated, other than<br>single family dwellings   |
| <input type="checkbox"/> Streets, Traffic-ways &<br>Public Utilities on<br>adjoining property | <input type="checkbox"/> Setback lines  |
| <input type="checkbox"/> North point, Scale & Date  | <input type="checkbox"/> Site data  |
| <input type="checkbox"/> Name, address & phone numbers<br>of persons who prepared plat        | <input type="checkbox"/> Subsurface conditions on the<br>tract (if a shared well is proposed<br>it must be indicated on the plat &<br>septic areas shown) |
| <input type="checkbox"/> Northpoint, graphic scaler and<br>date                               | <input type="checkbox"/> Draft of the covenants   |
| <input type="checkbox"/> Ground elevations (topography)                                       |   |

**(Please Submit 20 Copies)**

Name of Subdivision: \_\_\_\_\_

Owner: \_\_\_\_\_ Surveyor/Engineer \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Hearing Date: \_\_\_\_\_ Reviewer \_\_\_\_\_

# Subdivision

## Submittal Requirements for Final Plat

### Checklist

**(Please Submit 20 Copies)**

- |   |  |
|---|--|
| <input type="checkbox"/> Application form complete  | <input type="checkbox"/> Exact locations and widths of streets |
| <input type="checkbox"/> Evidence of Title (Deed or Title Policy)                                   | <input type="checkbox"/> All established survey lines          |
| <input type="checkbox"/> Natural Resource Inventory Report (If not already submitted with rezoning) | <input type="checkbox"/> Permanent reference monuments         |
| <input type="checkbox"/> Application fee  | <input type="checkbox"/> Exact layout                          |

The above is needed unless previously provided with a preliminary plat submittal.

- |  |  |
|--|--|
| <input type="checkbox"/> Legal description | <input type="checkbox"/> Lots and blocks, both numbered in numerical order |
|  | <input type="checkbox"/> Proper dedication for public use                  |
|  | <input type="checkbox"/> Setback lines                                     |

### **Location Map**

- |   |   |
|---|---|
| <input type="checkbox"/> Name of subdivision  | <input type="checkbox"/> Private restrictions if any                  |
| <input type="checkbox"/> Outline of area  | <input type="checkbox"/> Name of the subdivision                      |
| <input type="checkbox"/> Streets, Traffic-ways & Public Utilities on adjoining property | <input type="checkbox"/> Names of adjoining subdivisions              |
| <input type="checkbox"/> North point, Scale & Date                                      | <input type="checkbox"/> Names and addresses of owner(s) and surveyor |
|   | <input type="checkbox"/> True North point, scale and date             |

### **Final Plat**

Some of the following items are in addition to the Preliminary Plat requirements.

- |  |   |
|--|---|
| <input type="checkbox"/> Plat boundary lines | <input type="checkbox"/> Certification              |
|  | <input type="checkbox"/> Performance bond           |
|  | <input type="checkbox"/> Size of each lot or parcel |

Name of Subdivision: \_\_\_\_\_

Owner: \_\_\_\_\_ Surveyor/Engineer \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Hearing Date: \_\_\_\_\_ Reviewer \_\_\_\_\_

## APPLICATION FOR SUBDIVISION

**Owner** (All beneficiaries if property is held in a land trust. All stockholders holding over 20% of the stock if owner is a corporation.)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Petitioner if other than Owner:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Contract Purchaser or developer if other than Owner:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Subject Property:**

1. PIN: 43-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_\_

2. Common address: \_\_\_\_\_

3. Describe location: \_\_\_\_\_

\_\_\_\_\_

4. Acreage or dimensions: \_\_\_\_\_

5. Brief legal description: \_\_\_\_\_

\_\_\_\_\_

6. Number of lots and lot sizes: \_\_\_\_\_

7. Attach legal and site plan/aerial photo/preliminary or final plat if subdividing/other submissions.

8. Present zoning: \_\_\_\_\_

9. Describe surrounding parcels, their uses and the effect the subdivision could have on these properties. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby swear that the information given herein is true and complete.

\_\_\_\_\_  
Petitioner/Applicant

\_\_\_\_\_  
Petitioner/Applicant

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\*Submit evidence of Title (Deed or Title Insurance Policy). (1 Copy)

\*Submit photos/ site plan if appropriate. (20 Copies)





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# Jo Daviess County Planning & Development

Eric Tison, Planning & Development Administrator

1 Commercial Drive Suite 1  
Telephone: (815) 591-3507 or (815) 591-3810  
Email: [buildingandzoning@jodaviess.org](mailto:buildingandzoning@jodaviess.org)

Hanover, IL 61041  
Fax: (815) 591-2728  
Website: [www.jodaviess.org](http://www.jodaviess.org)

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## Fee Schedule

### ZONING

#### Zoning Amendments:

Rezoning from General Agricultural District to R-1 Rural Residential District, R-2 Single-Family Residential District or Planned Residential District.

----- \$400.00

plus \$25.00 per acre for request of 5 acres or more in area.

Rezoning from General Agricultural District, R-1 Rural Residential District, R-2 Single-Family Residential District, or RP District to Commercial, Manufacturing, or Industrial.

----- \$800.00

plus \$50.00 per acre for request of 5 acres or more in area up to forty (40) acres.

Rezoning from General Agricultural District, R-1 Rural Residential District, R-2 Single-Family Residential District, RP District, Commercial District, Manufacturing District or Industrial District to a PD District.

-----\$800.00

plus \$50.00 per acre for a request of 5 acres or more in area

#### LESA

When done outside of a

rezoning request ----- \$50.00

#### Subdivision:

0-10 Acres ----- \$500.00

11-20 Acres ----- \$750.00

Over 20 Acres (each additional acre) ----- \$ 20.00

### ACTION TO CORRECT A VIOLATION

When any action is taken to correct a violation of any kind the fee will be increased by 50%.

The Jo Daviess County Planning & Development Fee schedule can be viewed in its entirety by visiting our website [www.jodaviess.org](http://www.jodaviess.org) or a copy may be requested.

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227 North Main Street  
P.O. Box 502  
Elizabeth, IL 61028

Phone: (815) 858-3418 Ext. 3  
Fax: (815) 858-3694

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## Application for Natural Resources Inventory Report

Please Print Clearly

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Landowners Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_ Best time to call: \_\_\_\_\_

**Type of Application:** Please complete as needed:

Zoning Classification Change:

From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 1/4 of Sec. \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ E, 4<sup>th</sup> principal meridian

City/Township Name: \_\_\_\_\_ Acres: \_\_\_\_\_

Other Information or Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

Required Information to Accompany Application and Fee Schedule on Next Page

## **Required Information to Accompany Application:**

1. Application for Natural Resources Inventory Report.
2. Copy of a legal boundary survey drawing with written survey descriptions and acreage. At least one permanent survey reference monument should be in place and noted on the legal survey drawing. Basis of the survey bearings must be clearly stated. If the survey is dated and no monuments have been recovered, an accurate location map based on aerial photography must be submitted along with the survey description.
3. Authorized signature on the *CONSENT TO ON-SITE INSPECTION* form notarized by the proper agent.
4. A preliminary map showing the locations of planned entrance roads from existing public or private roadways, public right-of-ways, and overall project layout.

## **Optional information:**

1. Any other information that may be helpful such as soils investigation maps, photos, or narratives regarding the project.

## **Fee Schedule:**

A fee of \$250 plus \$25 per acre evaluated. Payment is required to initiate the 30 day processing period. Please make checks payable: *Jo Daviess County SWCD*.

## **Where to Submit Applications:**

Applications, payments (cash or check), and all other required information must be dropped off at our office located in the USDA Service Center; 227 North Main Street in Elizabeth, Illinois. Please call our office at (815) 858-3418 extension 3 if you have any questions.

The Jo Daviess County Soil and Water Conservation District supports the non-discrimination goals of the USDA. The United States Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disabilities, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audio tape etc.) should contact the USDA's TARGET Center at (202)720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave. Avenue SW, Washington, D.C. 20250-9410, or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.