



## PLAT APPLICATION

Will County Land Use Department  
58 E. Clinton St., Suite 100 • 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  
(seal)

## My Commission Expires

**FOR OFFICE USE ONLY:**

Date Received:

Plat Review Fee:

Township: \_\_\_\_\_

Received By: \_\_\_\_\_