

# MINOR SUBDIVISION APPLICATION

<small>For Office Use Only</small>		
Project Name: _____	Project Number: _____	Date Received: _____

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## PART I. REQUIRED DOCUMENTATION

- Completed and signed MINOR SUBDIVISION APPLICATION
- Signed STAFF/CONSULTANT REIMBURSEMENT ACKNOWLEDGEMENT Form
- Signed CONSENT TO ON-SITE INSPECTION Form
- APPLICATION FEE **\$300**
- DEVELOPER REIMBURSABLE FEE: **TBD during pre-application meeting**
- Proof of Ownership or Option (1 copy)
- Legal Description of Property and the Property's Plat of Survey (2 copies)
- Preliminary Site/Development Plan (5 copies folded)
- All documents required by the Unified Development Ordinances

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## PART II. APPLICANT INFORMATION

NAME OF PROPOSED DEVELOPMENT: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Owner Contact:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Is the Applicant the owner of the subject property?**

YES [ ] NO [ ]

*(If not, a letter from the Owner authorizing the Applicant to file the Application must be attached.)*

**Is the Applicant and/or Owner a Trustee or a Beneficiary of a land trust?      YES [ ] NO [ ]**

*(If yes, a disclosure statement identifying each Beneficiary of such land trust by name and address and defining his/her interest therein shall be verified by the Trustee and shall be attached hereto.)*

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**PART III. PROPERTY INFORMATION**

ADDRESS OF PROPERTY: \_\_\_\_\_

PARCEL INDEX NUMBER (PIN): \_\_\_\_\_

AREA OF PARCEL (ACRES): \_\_\_\_\_

LEGAL DESCRIPTION:      A legal description must be attached to this application.

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**PART IV. DESCRIPTION OF PROJECT**

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I, \_\_\_\_\_, hereby apply for review and approval of this application and represent that the application, requirements thereof, and supporting information have been completed in accordance with the Village of South Elgin Ordinances.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If you have any questions or comments, please call Community Development at **(847) 741-3894**. The Community Development Department does not require submittal of social security numbers. Black out social security numbers on any documents prior to submittal.

## STAFF/CONSULTANT REVIEW REIMBURSEMENT ACKNOWLEDGEMENT

The undersigned hereby acknowledges their obligation to reimburse the Village of South Elgin for the costs incurred by the Village staff and consultants to review the application attached to this Acknowledgement, including all of the supporting documentation and data, plans, specifications, drawings and other information as required by the applicable sections of the South Unified Development Ordinance. The applicant shall deposit into a specified account with the Village at the time of each application an amount required by the Zoning Administrator.

Further, the undersigned represents themselves as having the authority to incur such obligations on behalf of the owner and/or property.

The undersigned further acknowledges that the Village will deduct from this deposit the costs for reviewing the application by the Village's consultants and Village staff at the rate established for each individual by the Village Board and reimbursable expenses incurred for publication, postage and other actual costs associated with this application.

It is further acknowledged that the Village may demand additional payment(s) if the costs incurred during the review of this application exceed the amount of the deposit accompanying this application and may stay all proceedings thereto until such additional sums are deposited with the Village in accordance with the South Elgin Unified Development Ordinance.

\_\_\_\_\_  
Signature of Applicant or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print or Type)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name of Development

\_\_\_\_\_  
Parcel Index Number(s)

*This form must be executed and accompany all Unified Development Ordinance changes.  
No Application will be accepted or processed without this completed form.*