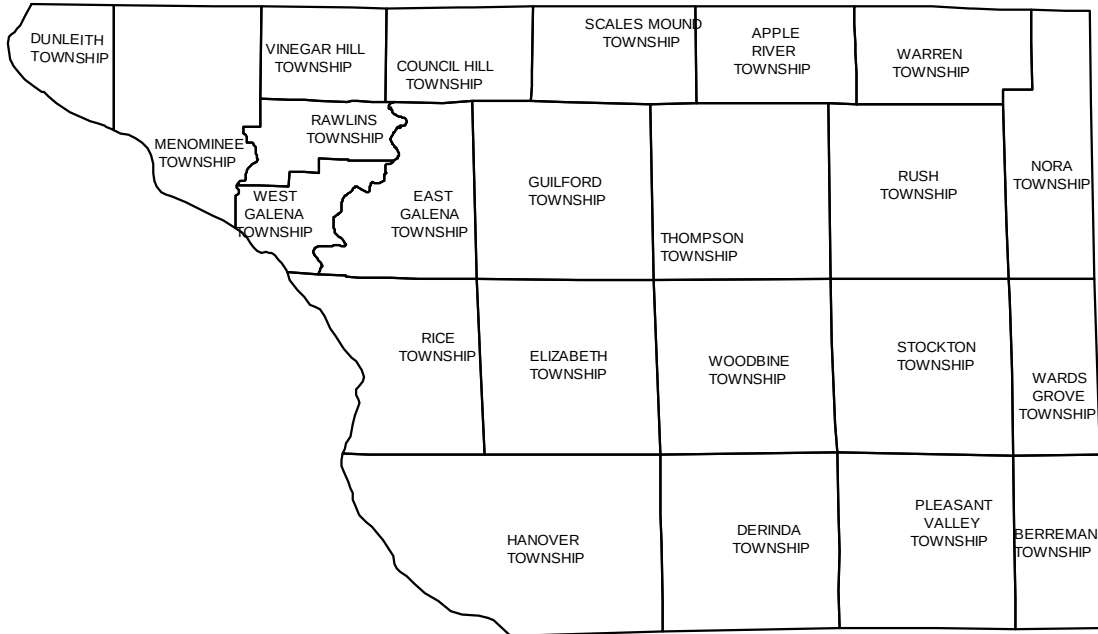


Subdivision Application And Checklist



Revised: 09/04/2024

***Jo Daviess County Planning & Development Department
1 Commercial Drive, Suite 1
Hanover, IL 61041
Telephone (815) 591-3810
plan@jodaviesscountyil.gov***

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Subdivision

Submittal Requirements for Preliminary Plat

Checklist

- | | |
|--|--|
| ☐ Application form complete | ☐ Ground elevations (topography) |
| ☐ Legal description | ☐ Utilities |
| ☐ Evidence of Title (Deed or Title Policy) | ☐ Other conditions on the tract (wooded areas, water courses etc.) |
| ☐ Natural Resource Inventory Report (1 Hard Copy & email an electronic version) | ☐ Other conditions on adjacent lands (embankments, ground slope etc.) |
| ☐ Application fee | |

Preliminary Plat

Location Map

- | | |
|---|--|
| ☐ Name of subdivision | ☐ Proposed public improvements |
| ☐ Outline of area | ☐ Road location, width and names |
| ☐ Streets, Traffic-ways & Public Utilities on adjoining property | ☐ Grades of public and private roadways |
| ☐ North point, Scale & Date | ☐ Site uses indicated, other than single family dwellings |
| ☐ Name, address & phone numbers of persons who prepared plat | ☐ Setback lines |
| ☐ Northpoint, graphic scaler and date | ☐ Site data |
| | ☐ Subsurface conditions on the tract (if a shared well is proposed it must be indicated on the plat & septic areas shown) |
| | ☐ Draft of the covenants |

(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)

- | | |
|--|--|
| ☐ Application form complete | ☐ Exact locations and widths of streets |
| ☐ Evidence of Title (Deed or Title Policy) | ☐ All established survey lines |
| ☐ Natural Resource Inventory Report (1 Hard Copy & Email an electronic copy) | ☐ Permanent reference monuments |
| ☐ Application fee | ☐ Exact layout |

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

- ☐ Legal description

Location Map

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

Final Plat

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

- | | |
|--|---|
| ☐ Plat boundary lines | ☐ Certification |
| | ☐ Performance bond |
| | ☐ 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).

*Submit photos/ site plan if appropriate.

CONSENT TO ON-SITE INSPECTION

Your Applicant(s), _____, respectfully represent to the Planning
Name(s)
 & Development Department of Jo Daviess County, as follows:

That _____, are the owners of record of the real estate
Owners Name(s)
 which is the address of this application and more commonly known as _____

Address	City	Township
---------	------	----------

That the Applicant(s) are requesting a permit to construct on the subject property.

That the applicant(s) of the described real estate do hereby freely and voluntarily consent to inspection of construction on the site indicated for the duration of the project, and hereby release such persons from any liability based in whole or in part on the inspection on the parcel in question.

(Owner) Signature

(Owner) Signature

SUBSCRIBED and SWORN to before me

this _____ day of _____, 20____.

NOTARY PUBLIC

LIVESTOCK AFFIDAVIT

State of Illinois)
)
County of Jo Daviess)

RE: _____

_____ after being
first duly sworn on oath depose(s) and say(s):

I (We) hereby certify that to the best of my (our) knowledge, the site that is subject of the above application is not within one-quarter mile (1,320') of a "livestock management facility and/or livestock waste handling facility" with more than fifty (50) animal units pursuant to the *Illinois Livestock Management Facilities Act*.

Affiant

Affiant

Acknowledgment

State of Illinois)
)
County of Jo Daviess)

I, _____, Notary Public in and for the State and County aforesaid, do hereby certify that

_____,
personally, known to me to be the same person(s) whose name(s) are subscribed to the foregoing affidavit, appeared before me this day in person and signed and delivered the said affidavit for the uses and purposes therein set forth as his or their free and voluntary act.

Giver under my hand and notarial seal this _____ Day of _____,
20____.

Notary Public

My Commission Expires

(Seal)

Jo Daviess County Planning & Development

1 Commercial Drive, Suite 1
Hanover, IL 61041
815-591-3810

Email: plan@jodaviesscountyil.gov

Website: www.jodaviesscountyil.gov

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.jodaviesscountyil.gov 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

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, 4th 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.