



**APPLICATION FOR  
PLANNING COMMISSION/ADMINISTRATIVE REVIEW  
PLANNING AND GROWTH MANAGEMENT DEPARTMENT  
456 FULTON STREET, SUITE 402, PEORIA, IL 61602-1220  
(309) 494-8600**

For Office Use Only

Date \_\_\_\_\_

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

Time: \_\_\_\_\_

Initials: \_\_\_\_\_

**REQUIREMENTS : Incomplete applications will not be accepted.**

- ☐ Major and Minor Administrative Review (Subdivisions in conformance with City ordinances, without variances)
- 9 full-size plats drawn to a scale of 1" = 100', folded to 8 ½ x 11, 1 plat reduced to 8 ½ x 11, and 1 CD, including all of the following: Site plan in electronic format (AutoCAD 2007 DWG and PDF Format and Legal Description in Word 2007 format).
- ☐ Standard Review (Subdivisions that may not conform to City ordinances or are requesting a waiver of ordinance regulations)
- 12 full-size plats drawn to a scale of 1" = 100', folded to 8 ½ x 11, 1 plat reduced to 8 ½ x 11, and 1 CD, including all of the following: Site plan in electronic format (AutoCAD 2007 DWG and PDF Format and Legal Description in Word 2007 format).

**FILING FEE: Subdivision Fees for the Land Development Code and Subdivision Ordinance**

Minor Subdivision with No Waivers.....	\$1,500
Minor Subdivision with Waivers.....	\$2,000
Major Subdivision with No Waivers.....	\$1,500, plus \$50 per lot
Major Subdivision with Waivers.....	\$2,000, plus \$50 per lot
Survey Plat.....	\$ 125

**DATE OF APPLICATION:** \_\_\_\_\_

**DEVELOPMENT INFORMATION:**

Type of Project: ☐ Preliminary/Final Plat ☐ Residential Cluster Development ☐ Annexation  
☐ Multi-family Plan ☐ PUD ☐ Other Plan

Type of Development: ☐ Single-Family Detached ☐ Single-Family Attached ☐ Multi-Family  
☐ Development (other than the division of land) Please describe:

Plat/Plan Name: \_\_\_\_\_

Address of Project: \_\_\_\_\_ Tax ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Number of Lots/Units: \_\_\_\_\_ Number of Duplex Lots: \_\_\_\_\_ Number of Acres: \_\_\_\_\_  
(Identify duplex lots on the plat.)

Is the project within the City limits? ☐ If not, has proposal been submitted to County? ☐

Present Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_ Fire District: \_\_\_\_\_ School District: \_\_\_\_\_

Are private streets being proposed? ☐ What type of sewer will be provided? \_\_\_\_\_

NOTE: Sidewalks are required along street frontages for all interior and exterior roadways, except local streets within industrial parks.

For Growth Cells 1, 2, and 3, a bike/walk trail system replaces the required sidewalk systems.  
(Please reference the appropriate "Alternative Bike/Walk Trail Plan.") \_\_\_\_\_

Are waivers of subdivision regulations being requested? \_\_\_\_ If so, please identify and list reasons why waivers should be granted:

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**CONTACT INFORMATION:**

**PETITIONER:**

Name	Address	City/State/Zip+4
Phone	Email	

**PROPERTY OWNER**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Zip+4: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**DEVELOPER**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Zip+4: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**OTHER REPRESENTATIVE**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Zip+4: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**ENGINEER**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Zip+4: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Send correspondence to **(select only one)**.

\_\_\_\_ Petitioner \_\_\_\_ Property Owner \_\_\_\_ Developer \_\_\_\_ Engineer \_\_\_\_ Other Rep.

**\* SELECT ONE ENTITY TO RECEIVE ALL CORRESPONDENCE. E-mail will be used for all correspondence unless otherwise requested.**

**SIGNATURE OF PROPERTY OWNER: (Required)**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_