



Community Development, 1200 L.W. Besinger Drive, Carpentersville, Illinois 60110
Telephone (847) 551-3478 Fax (847) 426-0864 TDD (847) 426-9609

CONCEPT PLAN APPROVAL APPLICATION

Please submit all information requested.

Type or print application in black or blue ink.

PART I. APPLICANT INFORMATION

Name of Subdivision _____

Name of Petitioner _____

Contact Person/Agent _____

Address _____

Daytime Telephone Number _____ Fax # _____

Email Address _____

Name of Owner _____

PART II. CONCEPT PLAN INFORMATION

Parcel Number/PINs _____

Street Address or Description _____

Gross Property Size/Area _____

Net Property Size/Area (excluding right-of-way, detention, etc.) _____

Current Property Zoning _____

Amenities Provided (open space, parks, infrastructure, etc.) _____

Type of Development	Number of Units	Number of Acres
<input type="checkbox"/> Single Family	_____	_____
<input type="checkbox"/> Duplex	_____	_____
<input type="checkbox"/> Townhouse	_____	_____
<input type="checkbox"/> Multi-Family	_____	_____
<input type="checkbox"/> Commercial & Office	_____	_____
<input type="checkbox"/> Industrial	_____	_____
<input type="checkbox"/> Open Space	_____	_____
<input type="checkbox"/> Parks	_____	_____

PART III. PETITION AUTHORIZATION

I, _____, the Subdivider, hereby apply for approval of the concept plan of the proposed _____ Subdivision. I certify that all the information supplied is true and correct to the best of my knowledge.

Signature of Petitioner: _____

Date: _____

FOR OFFICE USE ONLY

Case Number _____

Date Submitted _____

Received by _____

Application Checked by _____
