



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

FINAL PLAT CHECKLIST

Please submit all information requested and type or print application in black or blue ink.

PART I : GENERAL APPLICATION INFORMATION :

Name of Subdivision _____

Name of Petitioner _____

Contact Person/Agent _____

Address _____

Daytime Telephone Number _____ Fax # _____

E-Mail Address _____

PART II : REQUIRED CHECKLIST :

_____ 1. Application for Final Plat Approval.

_____ 2. Final Subdivision Plat (30 x copies) at the same scale illustrated on the preliminary plan. The plat illustrates:

_____ a. Name of Subdivision.

_____ b. Legal Description.

- _____ c. Date of Preparation & Author.
 - _____ d. North Arrow & Scale.
 - _____ e. Angular & Lineal Dimensions for all lines to describe the boundaries of the property, streets and easements.
 - _____ f. Survey Monuments, markers and bench marks.
 - _____ g. Layout & Names of Streets including dimensions.
 - _____ h. Easements including dimensions.
 - _____ I. Lot Layout including dimensions.
 - _____ j. Sidewalks and Building setback lines including dimensions.
 - _____ k. Legal Description of areas dedicated for public use.
 - _____ l. Water elevations including high and low, at date of survey.
 - _____ m. Executed Certificates.
- _____ 3. Preliminary Subdivision Plan, as approved by the Village Board.
- _____ 4. Plans and Specifications for the required improvements.
- _____ 5. Supplementary Information:
- _____ a. Performance Guarantee.
 - _____ b. Completion Guarantee.
 - _____ c. Deposit for Village Inspection.
 - _____ d. Inspection Statement from Subdivider to provide inspections.
 - _____ e. Text of Protective Covenants & Deed Restrictions.
 - _____ f. Reimbursement Statement.
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PART III : PETITION AUTHORIZATION :

I certify that all the information supplied is true and correct and to the best of my knowledge.

Signature of Petitioner: _____

Date: _____

FOR OFFICE USE ONLY

10/18/05

Case Number _____

Date Submitted _____

Received by _____ Application Checked by _____
