

Application for Approval of Preliminary Subdivision Plat

**Shelby County Zoning
315 1/2 East Main Street
Shelbyville, IL 62565**

Name: _____ Phone: _____

Address: _____
(Street) (City) (Zip)

Owner:(if other than Applicant) _____

Phone: _____ Address: _____
(Street) (City) (Zip)

Property Interest:(If other than owner) _____

Plat Details

Date of Preliminary Plat
Approval: _____

Final Plat Exactly Same as Preliminary Plat? _____ If not, Note Changes _____

Number of Lots Proposed for Final Plat: _____

Plat Designer

Name: _____ Phone: _____

Address: _____
(Street) (City) (Zip)

Profession: _____

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Maps, Plats etc.
(list how many of each attachment and any other attachments)

Location Map (4 req): _____ Preliminary Plat Plans: _____
Reproducible print: _____ Other: _____
Other: _____ Other: _____

By signing this application applicant certifies that all of the above statements contained in any papers or plans submitted are true and accurate.

Date: _____ Applicant: _____

Administrative Use Only

Fee Collected: _____
Date: _____

Zoning Administrator

Action of Planning Commission

Date: _____ Approved _____
Denied _____

Chairman

Zoning Administrator

Action of Shelby County Board

Date: _____ Approved _____
Denied _____

Chairman

County Clerk