

ADMINISTRATIVE SUBDIVISION APPLICATION



City of Elmhurst

Community Development Department

209 N. York Street • Elmhurst, Illinois 60126 • (630) 530-6019 (p) • (630)530-3127 (f)

DATE APPLICATION FILED: _____

A. APPLICANT INFORMATION

Applicant Name: _____

Applicant Organization: _____

Applicant Address: _____

Applicant City / State / Zip Code: _____

Applicant Phone: Work: (____) _____ Home: (____) _____

Mobile / Other: (____) _____

Applicant Fax: Work:(____) _____ Home:(____) _____

Applicant Email: _____

Applicant Relationship to Property Owner: _____

Applicant Signature: _____

B. PROPERTY OWNER INFORMATION *(IF DIFFERENT FROM APPLICANT)*

Owner Name: _____

Owner Address: _____

Owner City / State / Zip Code: _____

Owner Phone: Work: (____) _____ Home: (____) _____

Mobile / Other: (____) _____

Owner Fax: Work:(____) _____ Home:(____) _____

Owner Email: _____

Owner Signature: _____

C. PROPERTY INFORMATION

Common Address of Property: _____

Property Identification Number (PIN): _____

Legal Description (*Attach additional sheets as necessary*):

D. CHECKLIST

- _____ Completed application with authorized signatures
- _____ Evidence of ownership
- _____ Proposed plat of subdivision on mylar including legal descriptions, PIN's, common address of property and all applicable title blocks with notary (see attached title block sheet for reference); in addition to 3 paper copies (preliminary plat may be submitted electronically for review)
- _____ Non-refundable Administrative Subdivision fee of **\$450**, made payable to the City of Elmhurst
- _____ School District donation, made payable to School District 205 or other (confirm with City Staff) - if applicable
- _____ Park District donation, made payable to Elmhurst Park District - if applicable
- _____ Surveyor Recording Letter, if applicable

	Single Family	Town Home	Multi-Family
School District Contribution	\$6,500 per unit	\$1,000 per unit	\$500 per unit
Park District Contribution	\$1,250 per unit	\$1,000 per unit	\$900 per unit