

**City of Rockford, Illinois**

Planning and Zoning Division  
425 East State Street, Rockford, IL 61104  
Phone: (779) 348-7158 Fax: (815) 967-4243  
Web Site: [www.rockfordil.gov](http://www.rockfordil.gov)

**SUBDIVISION PLAT APPLICATION FORM**

Subdivision Name: \_\_\_\_\_

Current Land Use: \_\_\_\_\_ Proposed Land Use: \_\_\_\_\_

Site Data Size (Acres): \_\_\_\_\_ Proposed Streets (Linear Feet): \_\_\_\_\_

List Number of Lots For

Single-family: \_\_\_\_\_ Industrial: \_\_\_\_\_ Total: \_\_\_\_\_

Two-family: \_\_\_\_\_ Public Use: \_\_\_\_\_

Multi-family: \_\_\_\_\_

Commercial: \_\_\_\_\_

Site Location – actual address if assigned; general location if no assigned address:

PIN: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Developer: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Engineering Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please Indicate Your Preferred Means of Contact i.e. Phone, Fax, Email: \_\_\_\_\_

**For Office Use Only**

Total Filing Fee: \_\_\_\_\_ Paid by: Debit / Credit / Check Number: \_\_\_\_\_