

Village of Matteson
Community Development Department
4900 Village Commons, Matteson, IL 60443 (708) 283-4940 Fax (708) 748-2326
Application for Sketch Plan Review of Subdivision

Date: _____

Fee: \$500.00

CONTACTS:

1. Location of Site _____

2. Name of Applicant _____ Phone _____

Address _____
(STREET NO. AND NAME) (CITY) (STATE) (ZIP)

3. Owner of Record (Mandatory) _____ Phone _____

Address _____
(STREET NO. AND NAME) (CITY) (STATE) (ZIP)

IF APPLICABLE:

4. Engineering Firm _____ Phone _____

Address _____
(STREET NO. AND NAME) (CITY) (STATE) (ZIP)

Contact Person _____

5. Architectural Firm _____ Phone _____

Address _____
(STREET NO. AND NAME) (CITY) (STATE) (ZIP)

Contact Person _____

6. Attorney _____ Phone _____

Address _____
(STREET NO. AND NAME) (CITY) (STATE) (ZIP)

Contact Person _____

SUBDIVISION DETAILS:

7. Subdivision Location: on the _____ side of _____

_____ feet _____ of _____
(DIRECTION)

8. Total Acreage _____ Current Zoning _____ Number of Lots _____

9. Fee (\$350) Submitted with Application: _____

10. Is there any variance from the Subdivision Regulations requested? _____
If so, please describe _____

11. Proposed Zoning Classification of Subdivision _____

12. Attach eight (8) copies of the Sketch/Site Plan.

To verify that the information reported in this document is true, please sign below.

APPLICANT SIGNATURE