



**CLINTON COUNTY ILLINOIS**  
**SUBDIVISION PLAT REVIEW APPLICATION**

Clinton County Zoning Office  
850 Fairfax St., RM 124, Carlyle IL 62231  
Phone: 618-594-6655  
Fax: 618-594-6006  
[jami.staser@clintonco.illinois.gov](mailto:jami.staser@clintonco.illinois.gov)

Clinton County Health Department  
930 A. Fairfax St. Carlyle, IL 62231  
Phone: 618-594-2723 ext.324  
Fax: 618-594-5474  
[environmentalhealth@clintonco.illinois.gov](mailto:environmentalhealth@clintonco.illinois.gov)

**OWNERS INFORMATION**

Name:

Address:

Phone:

Fax:

E-mail:

Property Interest of Applicant:

(Owner, Contract Purchaser, Owner Representative)

**DEVELOPER INFORMATION**

Name:

Address:

State:

ZIP Code:

Telephone:

Fax:

E-mail:

City:

State:

ZIP Code:

**SUBDIVISION INFORMATION**

Name:

Legal Description:

Parcel ID Number:

Zoning:

**QUESTIONS**

1. Indicate lot size of smallest proposed home site:  
Dimensions: \_\_\_\_\_ Acres: \_\_\_\_\_
2. Proposed number of lots: \_\_\_\_\_ Existing Address (if any) \_\_\_\_\_
3. The subdivision is composed of:  
Single Family Dwellings \_\_\_\_\_ (Number)  
Multi-Family Dwellings \_\_\_\_\_ (Number)  
Combination \_\_\_\_\_ (Number)  
Existing Dwellings \_\_\_\_\_ (Number of Bedrooms in Existing Dwellings)
4. Proposed Street Names: \_\_\_\_\_
5. Is the proposed subdivision within 1 ½ miles of the corporate limits of any Municipality? \_\_\_\_\_ YES or \_\_\_\_\_ NO  
If yes, list the Municipality. \_\_\_\_\_  
Has a copy of proposed plat been submitted to the Municipality? \_\_\_\_\_ YES or \_\_\_\_\_ NO

6. Is any part of the proposed subdivision located in the Special Flood Hazard Area of the Flood Insurance Rate Map dated August 2, 2007? \_\_\_\_\_ YES or \_\_\_\_\_ NO
7. Are there any LOMA's for this property or pending LOMA's? Yes \_\_\_\_\_ No \_\_\_\_\_ Pending \_\_\_\_\_  
(If yes, please attach LOMA)
8. Are there plans to construct a pond or lake on any part of the proposed subdivision? YES \_\_\_\_\_ NO \_\_\_\_\_  
(If yes, the proposed pond or lake must be noted on the final plat)
9. Water for subdivision will be supplied by Public Supply (Name) \_\_\_\_\_  
Private Wells \_\_\_\_\_

**Private Wells must be located in accordance with the latest Illinois Department of Public Health guidelines.**

10. What is the distance from the nearest part of the proposed subdivision to a public water supply? \_\_\_\_\_ (feet)
11. What is the distance from the nearest part of the proposed subdivision to public sewers? \_\_\_\_\_ (feet)

**COMPLETE THIS SECTION ONLY IF YOU ARE PLANNING TO UTILIZE PRIVATE SEWAGE DISPOSAL SYSTEMS.**

The Health Department shall require subdividers to furnish information concerning soil absorption capacities, or require change in a proposed subdivision plat, to reasonably ascertain that each lot of said proposed subdivision will be able to support the installation and subsequent use of an approved private sewage disposal system as defined in the Illinois Private Sewage Disposal Licensing Act and Code.

1. List the major soil types or soil numbers in the proposed subdivision for each lot:

LOT #1	LOT #2	LOT #3	LOT #4	LOT #5
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Attach Soil Map to this Application.

**(Only upon request by the Clinton County Health Department)** A subdivider shall arrange for soil samples to be taken on lots of the proposed subdivision and submit Soil Evaluation Reports to the Health Department.

**Soil Evaluation Instructions:**

- i. Soil Evaluations must be conducted by a Certified Professional Soil Classifier or Illinois Licensed Professional Engineer.
- ii. Soil samples should be taken in the proposed designated area for a subsurface seepage field or where soil maps indicate good soil conditions.
- iii. Attach the Soil Evaluation Report(s) to the Application.

**OTHER PROPOSED PRIVATE SEWAGE DISPOSAL SYSTEMS**

A proposed private sewage disposal system that serves more than one property is prohibited except where a common property is provided, under joint ownership of the users, or where the system is under public jurisdiction or managed by a district established for the maintenance of these systems. Such private sewage systems shall be approved by the Illinois Department of Public Health before approval by the Clinton County Health Department. Subdividers shall include design plans prepared by a professional engineer or architect and develop plans for maintenance and operation of the system.

Please Explain:

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**APPLICATION SUBMITTED BY:** \_\_\_\_\_

\_\_\_\_\_  
**TITLE**    **PHONE**    **DATE**

**IMPORTANT:** Please be advised that fees must be paid in the Office of Zoning, Health Department and County Recorder before a plat can be recorded. The Highway Department may impose fees if necessary. Also, please be advised that an ECO-Cat Consultation may be required. The fee is payable to the State of Illinois Department of Natural Resources.

**FEES**

A. The fee shall be collected by the Zoning Administrator after the last item of required information has been submitted by the applicant. Check payable to Clinton County Zoning Office.

**Subdivision Code: 34-4-2 Final Plat.**

The review fee for the final plat shall be **Fifty Dollar (\$50.00)** plus **Fifteen Dollars (\$15.00)** per lot, or tract of land.

B. The fees shall be collected by the Health Department when the final plats is signed. Check payable to Clinton County Health Department.

**Private Sewage Code: 18-1-4 Subdivision Plat Review.**

Subdivision Plat Review:

1-5 lots                      Twenty Five Dollars (\$25.00) + Ten Dollars (\$10.00) per lot  
6 lots or greater            Fifty Dollars (\$50.00) + Ten Dollars (\$10.00) per lot

Commercial/Industrial:

1-2 lots                      Twenty Five Dollars (\$25.00) + Twenty Dollars (\$20.00) per lot  
3 lots or greater            Fifty Dollars (\$50.00) + Twenty Dollars (\$20.00) per lot

**(NOTE: A copy of the Endangered Species Consultation shall also be on file prior to recording)**

**SIGNATURES**

Name:  
(Surveyor/Engineer)

Name:  
(Owner)

Date:

Date: