

Jackson County Health Department

P.O. Box 307, Murphysboro, IL 62966

Phone (618) 684-3143, ext. 128

PROPOSED SUBDIVISION PLAT

Application for Review

Review Fee: \$100

Property to be a:

Please allow 10 business days for completion of plat review.

Minor Subdivision

Subdivision

(Division into 2-6 lots, not involving streets or improvements)

Name of Property Owner: _____ Phone: _____

Address: _____

Architect/Engineer/Surveyor: _____ Phone: _____

Mail evaluation letter to: _____

CC evaluation letter to: _____

Name of Subdivision (if applicable):

Tax ID Number: _____ or Twp: _____ Sect. _____

Physical address: _____

Signature (owner) _____ Signature (other) _____

NOTE: By signing this form, the owner is giving consent to the Health Department to access the property at reasonable times for evaluation. If a private sewage disposal system is found to have deficiencies at the time of review, the homeowner will be required to repair or upgrade the system.

Office Use Only

Plans received date: _____ Fee Paid: _____

Review complete: _____ Review by: _____

JCHD approval: _____ Land Use approval: _____

Comments:
