

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



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: _____

Revised 01/2023