

THE VILLAGE OF HANOVER

SUBDIVISION PRELIMINARY PLAN APPLICATION

DATE: _____ **APPLICATION No.** _____

1. Name of Applicant (Property Owner): _____
Address: _____
Phone: _____ Fax: _____
2. Name of Agent for Property Owner: _____
Address: _____
Phone: _____ Fax: _____
Contact Person: _____
3. Proposed Name of Subdivision: _____
4. Total Acreage of Proposed Subdivision: _____
5. Total Number of Lots _____
6. Type of Water Supply System do you propose?
 - a. On-Site Water Wells: _____
 - b. Central Water System: _____
7. Tentative Date for Preliminary Plan Meeting: _____
8. Date of Sketch Plan Approval/Meeting: _____
9. Do you propose deed restrictions? YES or NO If yes, please attach a copy.
10. Proposed Use: _____
11. Present Zoning District: _____
12. Proposed Zoning District: _____

If zoning change was requested please provide a copy of the approval letter.

13. Preliminary Plan Review Fee: _____ Paid: YES or NO

14. Adjoining property owners name and addresses from the latest village, township, or county assessment rolls within 200 feet of any perimeter boundary of the proposed subdivision. This shall be provided on mailing labels.

15. Location Description: Section _____ Township _____
Range _____ Other _____

Applicant

Surveyor / Engineer



FOR STAFF USE ONLY

Date Received: _____ Meeting Deadline Date: _____

Date of Planning and Zoning Meeting: _____

Date Sent to Village Engineer for Review: _____

Date Notices were sent to Surrounding Property Owners: _____

Preliminary Plan Review Fee Paid: YES or No Check No. _____ Amount: _____

Action by Planning Commission:

Date: _____ Chairman: _____