



United City of Yorkville
651 Prairie Pointe Drive
Yorkville, Illinois, 60560
Telephone: 630-553-4350
Fax: 630-553-7575
Website: www.yorkville.il.us

APPLICATION FOR PUD PRELIMINARY PLAN

DATE:	PZC NUMBER:	DEVELOPMENT NAME:
PETITIONER INFORMATION		
NAME:		COMPANY:
MAILING ADDRESS:		
CITY, STATE, ZIP:		TELEPHONE: <input type="radio"/> BUSINESS <input type="radio"/> HOME (847) 738-5005
EMAIL:		FAX:
PROPERTY INFORMATION		
NAME OF HOLDER OF LEGAL TITLE:		
IF LEGAL TITLE IS HELD BY A LAND TRUST, LIST THE NAMES OF ALL HOLDERS OF ANY BENEFICIAL INTEREST THEREIN:		
PROPERTY STREET ADDRESS:		
TYPE OF REQUEST:		
<input type="checkbox"/> PRELIMINARY PLAN <input type="checkbox"/> AMENDED PRELIMINARY PLAN		
TOTAL LOT ACREAGE:		CURRENT ZONING CLASSIFICATION:
ATTACHMENTS		
Petitioner must attach a legal description of the property to this application and title it as "Exhibit A".		



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ATTORNEY INFORMATION

NAME: COMPANY:

MAILING ADDRESS:

CITY, STATE, ZIP: TELEPHONE:

EMAIL: FAX:

ENGINEER INFORMATION

NAME: COMPANY:

MAILING ADDRESS:

CITY, STATE, ZIP: TELEPHONE:

EMAIL: FAX:

LAND PLANNER/SURVEYOR INFORMATION

NAME: COMPANY:

MAILING ADDRESS:

CITY, STATE, ZIP: TELEPHONE:

EMAIL: FAX:

AGREEMENT

I VERIFY THAT ALL THE INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND AND ACCEPT ALL REQUIREMENTS AND FEES AS OUTLINED AS WELL AS ANY INCURRED ADMINISTRATIVE AND PLANNING CONSULTANT FEES WHICH MUST BE CURRENT BEFORE THIS PROJECT CAN PROCEED TO THE NEXT SCHEDULED COMMITTEE MEETING.

I UNDERSTAND ALL OF THE INFORMATION PRESENTED IN THIS DOCUMENT AND UNDERSTAND THAT IF AN APPLICATION BECOMES DORMANT IT IS THROUGH MY OWN FAULT AND I MUST THEREFORE FOLLOW THE REQUIREMENTS OUTLINED ABOVE.

PETITIONER SIGNATURE

DATE

OWNER HEREBY AUTHORIZES THE PETITIONER TO PURSUE THE APPROPRIATE ENTITLEMENTS ON THE PROPERTY.

OWNER SIGNATURE

DATE

**THIS APPLICATION MUST BE NOTARIZED
PLEASE NOTARIZE HERE:**