

VILLAGE OF LA GRANGE
53 S. La Grange Road, La Grange, IL 60525
Phone (708) 579-2320 Fax (708) 579-0980

APPLICATION for RESUBDIVISION/CONSOLIDATION of LOTS

Application No.: _____

Date Filed: _____

TO THE PLAN COMMISSION
VILLAGE OF LA GRANGE, ILLINOIS

1. APPLICATION IS HEREBY MADE BY _____
2. Address _____ Phone Work: _____
City _____ Home: _____
3. For Property Located at: _____ La Grange, IL
4. Permanent Real Estate Index Number(s):
18- _____ 18- _____
18- _____ 18- _____
5. Resubdividing Lot Numbers and Dimensions:
A _____ B _____
C _____ D _____
6. To Lot Numbers and Dimensions:
A _____ B _____
C _____ D _____
7. Reason for Resubdivision/Consolidation: _____

THE FOLLOWING MUST BE SUBMITTED WITH THE APPLICATION IN ORDER TO BEGIN THE PROCESS:

- A. Plat of Survey.
- B. Linen Plat of Consolidation/Resubdivision (including consent of mortgagee, if applicable).
- C. If Property is in Trust, letter of direction from Trustee to Trust Company approving resubdivision/consolidation.
- D. Applicable fee - \$50.00

I acknowledge that Village staff will prepare a report with a recommendation to the Plan Commission prior to my hearing. I understand that this report will be available for my viewing the Friday prior to my hearing and it is my responsibility to contact the Village to view this report or obtain a copy.

SIGNATURE

FOR VILLAGE USE ONLY:

Filed with the Community Development Department: _____, _____.

Transmitted to Plan Commission at Meeting Held: _____, _____.

Findings and Recommendations of Plan Commission referred to Village Board at meeting of
_____, _____.

_____ **APPROVED**

_____ **DENIED**

Original Returned to Owner to be Filed with Cook County Recorder of Deeds:

Date: _____, _____.

Copies to Community Development Director, Village Engineer and Village Clerk's Office

Date: _____, _____.