



700 EAST OAK STREET  
CANTON ILLINOIS 61520  
Phone: 309-647-1134  
Fax: 309-647-9545  
Contact Us On The Web At:  
[www.fultoncountyhealth.com](http://www.fultoncountyhealth.com)

Astoria Sub-office  
309-329-2922

Cuba Sub-Office  
309-785-5300

**FULTON COUNTY HEALTH DEPARTMENT**

An Equal Opportunity Employer and Provider

Fee: \$50.00 Plat Review + \$25.00 Per Parcel

Date \_\_\_\_\_

Paid \_\_\_\_\_

**PLAT REVIEW APPLICATION**

Subdivision Name: \_\_\_\_\_ # of Lots \_\_\_\_\_

Address: \_\_\_\_\_

Township Name \_\_\_\_\_ Section \_\_\_\_\_

Permanent Index Number \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Owner Address \_\_\_\_\_

Developer \_\_\_\_\_ Phone \_\_\_\_\_

Engineer \_\_\_\_\_ Phone \_\_\_\_\_

Plat Drawing Submitted Yes \_\_\_\_\_ No \_\_\_\_\_

Soil Scientist Report Attached Yes \_\_\_\_\_ No \_\_\_\_\_

Public Sewer Connection Available ( $\leq 300$  feet) Yes \_\_\_\_\_ No \_\_\_\_\_

- If yes, attach letter of acceptance from provider.

Public Water Connection Available Yes \_\_\_\_\_ No \_\_\_\_\_

- If no, indicate water source to be used: \_\_\_\_\_
- If yes, attach letter of acceptance from provider.

Directions to the site from Canton: \_\_\_\_\_