



Winnebago County Health Department

P.O. Box 4009
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Rockford, IL 61110
Phone: (815) 720-4103
Email: Environmental@wchd.org
www.wchd.org

FOR OFFICE USE ONLY	
Date Rec'd:	_____
Amt. Rec'd:	_____
Check/Cash:	_____
Receipt:	_____
Permit #:	_____

Application for Plat Review

FEE: \$35.00 Plus \$15.00 each Lot

Owner's Information

Name: _____
Address: _____ Zip: _____
Phone No. _____ Cell No. _____

Applicant's Information

Name: _____
Address: _____ Zip: _____
Phone No. _____ Cell No. _____

Current PIN No. _____ **Total Acres:** _____

Date of Original Plat (if re-plat): _____ **Total Lots:** _____

Proposed Water Well: Yes No

Proposed Private Septic: Yes No

Nearest PUBLIC Sewer and Water within 2 miles: _____

Indicate Application Frequency: First Second Third

Date of Last Application: _____

Reason for Rejection: _____
