COUNTY OF CLINTON

Office of County Zoning Administrator

Joyce Lucas

850 Fairfax Street
Carlyle, Illinois 62231
(618) 594-6655
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joyce.lucas@clintonco.illinois.gov

GENERAL INFORMATION REGARDING APPLICATIONS FOR AMENDMENTS – SPECIAL USES – VARIANCES

The application for a map amendment, variance or special use must be completed in its entirety by the applicant. Any supporting documentation (eg. – survey, photos, etc.) must accompany the application at the time of filing. The application must be submitted to the Clinton County Zoning Office no later than 12:00 noon on the filing date (calendar attached).

Applications must be complete at submittal time to be considered for the agenda. Deficient applications will be returned to the applicant and may delay the hearing until the following month.

You are responsible to furnish the legal description. You may want to consider consulting an attorney and/or Illinois Licensed Land Surveyor to obtain a legal description. The zoning office cannot write the legal description and will use only the legal description you furnish on the application. The zoning staff may not give legal advice.

The Zoning Board of Appeals meets at 7:30 P.M. on the date outlined on attached calendar. Location: 810 Franklin Street, Carlyle, IL., County Board Room.

The applicant and/or his/her representation are required to appear at the scheduled hearing. All persons testifying before the board will do so under oath, and must state their name and address for the record.

a. Introduction of the case

b. The petitioner presents his/her case

c. Objectors (if any) statements and/or questions from the board

d. The Zoning Board of Appeals decision

Map and Text amendments will be forwarded to the County Board.

This information is intended as a brief guide and should not be relied upon for a thorough understanding of the hearing procedure or zoning laws as applicable.

REQUEST FOR TEXT OR MAP AMENDMENT

CLINTON COUNTY ZONING BOARD OF APPEALS AMENDMENT REQUEST NO: _____
850 Fairfax St., Room 124, Carlyle, IL. 62231 **PHONE**: 594-6655
Website: https://www.clintoncountyzoning.com/ DATE: _____

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(DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY)

DATE SET FOR HEARING:_____ PERMANENT PARCEL NO: _____

NOTICE PUBLISHED ON:_____ ZONE DISTRICT CLASSIFICATION: _____

NEWSPAPER: _____ FEE PAID $ _____ DATE: _____

RECOMMENDATION OF BOARD OF APPEALS: ( ) DENIED ( ) APPROVED

( ) APPROVED WITH MODIFICATION: _____

_____DATE: _____

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INSTRUCTIONS TO APPLICANT: In order to request a zoning map or text amendment to the zoning ordinance, this application must be completed. **The burden of providing substantiating evidence rests with the applicant.** A notice of the hearing must be published in a newspaper of general circulation in the local area at least 15 days in advance of the hearing. The applicant will be notified by mail of the time and location of hearing. The applicant or his duly authorized agent must appear at the hearing and present the case to the Board of Appeals. All information requested must be provided before a hearing will be scheduled. All amendments will require action by the County Board following the approval or denial by the Board of Appeals.
Applicants are encouraged to visit, call or e-mail (joyce.lucas@clintonco.illinois.gov) the office of the Zoning Administrator for any assistance needed in completing this form. Website: https://www.clintoncountyzoning.com/

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1. NAME OF APPLICANT(S):_____PHONE NO: _____

   ADDRESS:_____
   (STREET) (CITY) (STATE) (ZIP)

   E-MAIL ADDRESS: _____ CELL: _____

2. PROPERTY INTEREST OF APPLICANT: ( ) OWNER ( ) CONTRACT PURCHASER ( ) LEASEE

   ( ) OTHER: _____

3. NAME OF OWNER(S): (if other than applicant)

   _____PHONE NO: _____

   ADDRESS: _____
   (attach additional sheets if necessary)

4. AN AMENDMENT TO THE ZONING ORDINANCE IS REQUIRED AS FOLLOWS:

   ( ) A. AMENDMENT TO TEXT: IT IS REQUESTED THAT ARTICLE_____SECTION_____OF THE

   CLINTON COUNTY ZONING ORDINANCE BE AMENDED AS FOLLOWS: _____

   _____

   _____
   (attach additional pages if needed)

   REASON FOR AMENDMENT: _____

   _____

( ) B. AMENDMENT TO MAP: IT IS REQUESTED THAT THE PROPERTY DESCRIBED BELOW AND SHOWN ON THE ATTACHED SITE PLAN BE REZONED FROM _____ TO _____

ADDRESS OF PROPERTY: _____

LEGAL DESCRIPTION (lot, block and subdivision or metes and bounds): _____

_____

_____

PRESENT USE OF PROPERTY: _____
(industrial, residential, commercial, etc.)

PROPOSED USE OF PROPERTY: _____

REASON FOR AMENDMENT: _____

_____

5. Names and addresses of adjacent property owners and present use of property:

NAME	ADDRESS	PRESENT USE

6. Is any part of the lot or tract of land where the proposed Map Change is to take place in a known flood plain based on the Flood Hazard Boundary Map or Carlyle Lake Flowage Easement Area?

   This question must be answered YES or NO. _____

7. I certify that all the above statements and the statements contained in any papers or plans submitted herewith are true and accurate. I consent to the entry in or upon the premises described in this application by any authorized official of Clinton County for the purpose of inspecting, or of posting, maintaining and removing such notices as may be required by law and agree to pay all fees associated with the filing, hearing and certificate of zoning compliance.

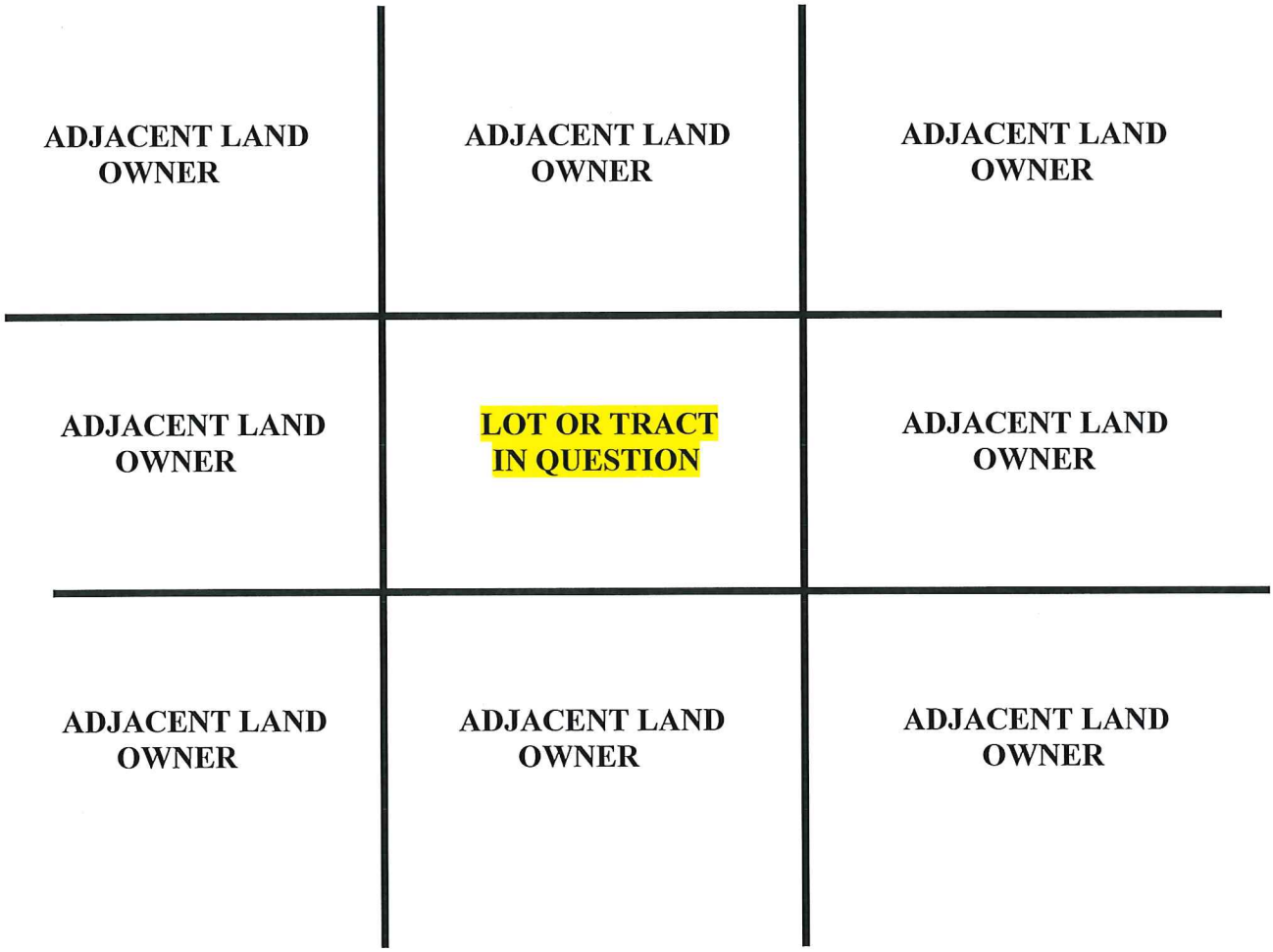
DATE: _____ APPLICANT SIGNATURE: _____

DATE: _____ OWNER'S SIGNATURE: _____

APPLICANT WILL BE RESPONSIBLE FOR THE LIST OF NAMES AND ADDRESSES OF ADJACENT LANDOWNERS

ALSO ANYONE ACROSS A ROAD MUST RECEIVE NOTIFICATION

EXAMPLE OF ADJACENT PROPERTY OWNERS



IMPORTANT!! PROCESSING WILL NOT BEGIN WITHOUT THE FOLLOWING!

Planning Map from Farm Service Agency (formerly ASCS) attached to the application with area in question accurately highlighted.

Location Map showing proposed use attached to application.

Location: Township name: _____

Section(s) _____ Township(s) _____N/S Range(s) _____W

Project or Subdivision Name: _____

Location address (if available) _____

Number of Acres: _____ Permanent Parcel Number: _____

Surrounding Land Use: _____

Proposed type of Sewage Disposal System: _____

_____ DATE _____

Signature & Date of landowner allowing District Representative to inspect property in question.

PLEASE ALLOW 30 DAYS FOR INSPECTION
EVALUATION AND PROCESSING OF THIS REPORT

APPLICANT PLEASE RETURN THE COMPLETED APPLICATION TO:

Clinton County Soil and Water Conservation District
1780 N. 4th St.
Breese, IL. 62230

Phone: (618) 526-7919

DATE: _____

NATURAL RESOURCE INFORMATION REPORT APPLICATION

The Clinton County Soil and Water Conservation District shall make all natural resource information available by Section 22.02a, in the Illinois Soil and Water Conservation District Act. Any person who petitions any municipality or county agency in the district for variation, amendment, or other relief from that municipality's or county's zoning ordinance or who proposed to subdivide vacant or agricultural lands therein shall furnish a copy of such petition or proposal to the Soil and Water Conservation District.

PETITIONER: _____

ADDRESS: _____

_____

PHONE: _____

NAME, ADDRESS and TELEPHONE NUMBER of person, if different from petitioner, to contact fro additional information.

_____

_____

_____

TYPE OF PROPOSAL:

_____change in zoning from _____ to _____

_____subdivision or planned unit development

_____variance-PLEASE DESCRIBE FULLY ON SEPARATE PAGE
(attach to application)

_____special use permit-PLEASE DESCRIBE FULLY ON SEPARATE PAGE
(attach to application)

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ZONING BOARD OF APPEALS PUBLIC HEARING & FILING DATES

MUST BE FILED ON OR BEFORE	HEARING DATE	COUNTY BOARD
December 4, 2014	January 2, 2014	January 21, 2014
January 2, 2014	February 5, 2014	February 18, 2014
February 5, 2014	March 5, 2014	March 17, 2014
March 5, 2014	April 2, 2014	April 21, 2014
April 2, 2014	May 7, 2014	May 19, 2014
May 7, 2014	June 4, 2014	June 16, 2014
June 4, 2014	July 2, 2014	July 22, 2014
July 2, 2014	August 6, 2014	August 18, 2014
August 6, 2014	September 3, 2014	September 15, 2014
September 3, 2014	October 1, 2014	October 20, 2014
October 1, 2014	November 5, 2014	November 17, 2014
November 5, 2014	December 3, 2014	December 15, 2014
December 3, 2014	January 7, 2015	January 20, 2015

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RESOLUTION ESTABLISHING ZONING FEES

Whereas, Clinton County has in force a County Zoning Ordinance wherein various fees have been established; and whereas said ordinance provides for changes in said fees when appropriated:

Now therefore be it resolved by the Clinton County Board that the following fees are hereby established for Clinton County Zoning:

1. Zoning Certificates of compliance (Building Permit)

   A. Residential $0.12 per sq. ft.; Min. fee $50.00 (home additions & clubhouses) (living area excluding basement and garage)

   B. Commercial $0.06 per sq. ft.; Min. fee $50.00

   C. Industrial $0.06 per sq. ft.; Min. fee $50.00

   D. Mobile Homes $0.12 per sq. ft: Min. fee $50.00

   E. Accessory Uses and Home Occupations Under 500 Sq. ft. - $25.00
   500 sq. ft and over $50.00

2. Special Use Permit $125.00 plus cost of certified mail to adjoining property owners.
3. Zoning Map Amendment $125.00 plus cost of certified mail to adjoining property owners.
4. Appeal $125.00 plus cost of certified mail to adjoining property owners.
5. Variance $125.00 plus cost of certified mail to adjoining property owners.
6. Late Filing (Failure to obtain Permit) $75.00

ALL FEES ARE NON-REFUNDABLE

MAKE CHECKS PAYABLE TO CLINTON COUNTY ZONING

The above fee schedules are not intended to be included as part of the Zoning ordinance and it is intended that said fees may be changed from time to time without an amendment to the Zoning Ordinance.
Passed this 21st day of December 2009, Effective January 1, 2010

Ordinance Book $15.00