



CLINTON COUNTY ZONING DEPARTMENT

850 Fairfax St, Carlyle, IL 62231

Phone: (618) 594-6655

Fax: (618) 594-6006

jami.staser@clintonco.illinois.gov or

kay.thole@clintonco.illinois.gov

Agricultural Application

Office Use Only:

Zoning Application No.: _____

Date: _____

Permanent Parcel No.: _____

Fee: _____ Check # _____

Zoning Classification: _____

ATF – Var. – Special Use – Map Change – Month: _____

Applicants Current Information

Full Name: _____ Phone: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Other Phone _____ Email _____

Parcel No. _____ Township _____

Location information of property in question (If different from above)

Full Name: _____ Parcel No.: _____

Address: _____
Township: _____

All applicants must complete (Circle all that apply to your new project)

Sheds: Utility – Machine – Hay- Loafing - storage **Concrete Manure Pit:** Height _____ Length _____ Depth _____
Size: _____ Sq. Ft. Height: _____

Barns: Stable – Bank – Dairy – Hay – Flat – Loft – Hog – Free Stall – Pole Building – Feed Lot Canopy – Hoop
Holding Pen – General Purpose Building – Lean-to – Livestock – Poultry – Milking Parlor – Milk House – Bulk Feed Tank
Size: _____ Sq. Ft. Height: _____

Silo's-Conventional or Porcelain: Height: _____ Diameter: _____

Bunker: Height: _____ Length _____ Width _____

Grain Bin: New or Used - Concrete Floors – Height _____ Diameter: _____ Bushels _____

Solar Panels: Number of panels: _____ Height: _____ Width: _____ Length: _____ **Ground or Roof Mount**

Produce power for: _____

Oil Well: Vertical or Horizontal Pumps (Quantity/Size) _____ Storage Tanks (Quantity and Size) _____

Single Family Dwelling- Manufacture or Modular (Basement-Slab-Walkout-Crawl) or **Addition to Existing Structure**

Fill:
Size: _____ Total Sq. Ft. _____ Width: _____ Height: _____

THIS MUST BE ANSWERED (Please Circle)

Is any part of the tract of land in the floodplain based on the Flood Hazard Boundary Map? Yes or No

Is any part of the land in the Carlyle Lake Flowage Easement? Yes or No

Is any part of the land in the Enterprise Zone? Yes or No

Is there an address assigned to this property? Yes or No

Do you currently have a copy of an acknowledgement letter from the Department of Ag? Yes or No

If you have a Solar Panel, did you fill out the PTax-330 Form? Yes or No

(If you answered yes to the above, more information will be needed before issuing a building permit.)

() **EXISTING DWELLING WILL BE REMOVED UPON OCCUPANCY OF NEW DWELLING** (if applicable)

Month: _____ Year: _____ Signature: _____

SITE PLAN INFORMATION (Please see sample site plan provided on last page)

Your site plan should consist of the following:

- Property lines & dimensions of parcel
- Distances from proposed structure, front, side and rear lot lines
- Center of County or Township Road to proposed structures.
- Building Height – (from the ground to the peak)
- **NEW HOMES:** Please furnish an 8 x 11 copy of the floor plan with dimension of the house and garage.

OWNER IS RESPONSIBLE FOR DETERMINING THE ACCURATE LOCATION OF PROPERTY LINES

It is recommended to consult a licensed land surveyor if uncertain of property lines.

PROVIDE A DRAWING BELOW OR ATTACH TO APPLICATION

Fill free to use the GIS mapping @ <http://portico.mygisonline.com/html5/?viewer=clintonil.bv1-p1> or Google Earth for drawing your new structure(s). **Please provide all setbacks on your drawing:** Front – Rear – Side – Centerline of road to structure

Must Read

Applicants are encouraged to visit the website at <http://www.clintoncountyzoning.com/> or email (jami.staser@clintonco.illinois.gov) or (kay.thole@clintonco.illinois.gov) for assistance. Application is hereby made for a Certificate of Zoning compliance, as required under the ZONING ORDINANCE OF CLINTON COUNTY, for the erection, moving or alteration, and use of buildings and premises. In making this application, the applicant represents all of the above statements and any attached maps and drawings to be a true description of the proposed new or altered uses and/or buildings. The applicant agrees that the permit issued may be revoked without notice on any breach of representation or conditions. It is understood that any permit issued on this application will not grant right of privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the ZONING ORDINANCE, or by other ORDINANCES, CODES, or REGULATIONS of CLINTON COUNTY, ILLINOIS.

Disclaimer and Signature

STATE OF ILLINOIS)

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County of Clinton)

I, _____, a Notary Public, in and for said county, and state, do hereby certify that _____, personally known to be the same person(s) whose name(s) appear below and have appeared before me this day and acknowledged that the statements contained therein are true. Given under my hand and seal this ____ day of _____, _____.

(Notary Seal)

Notary Public Signature

Applicants

Signature: _____

Date: _____

Owner(s)

Signature: _____

Date: _____

OFFICE USE ONLY

Zoning District: _____ Required Setbacks: _____ Height of structure: _____

Flowage Easement: Yes or No Flood Plain: Yes or No Health Permit: _____ Corp of Engineer: Yes or No

EcoCat: Yes or No Family Split: Yes or No Subdivision Plat Name: _____

Deed: _____ Ag Letter Yes or No Misc. Info: _____

Approved this _____ Day of _____, _____ Approved By: _____

Date: _____ Emailed: _____ Mailed: _____ Handout @ Meeting: _____ by: _____

If the information does not apply to your project, please disregard.

To apply for a Certificate of Zoning Compliance for a residence or structure that will contain a bathroom, a permit from the Clinton County Health Department is required **prior** to a building permit being issued. Please contact:

❖ **HOLLY TIMMERMANN**

Environmental Health Programs Manager
Clinton County Health Department
930 A Fairfax St.
Carlyle, IL 62231

Phone (618) 594-0324

Fax (618) 594-5474

Email: environmentalhealth@clintonco.illinois.gov

A private Sewage Application and Informational Packet can be downloaded on the Clinton County Health Departments website: www.clintoncountyhealth.com

PLEASE ALLOW 2 TO 3 WEEKS FOR A SOIL SAMPLE AND AT LEAST FIFTEEN (15) DAYS FOR THE HEALTH APPLICATION PROCESS.

To apply for an address, please contact:

❖ **JAMI STASER**

Clinton County Addressing
850 Fairfax St – Room 124
Carlyle, IL 62231

Phone #: 618-594-6631

Fax: (618) 594-6006

Email: addressing@clintonco.illinois.gov

To apply for a new entrance or mailbox required along a county highway, please contact:

❖ **DAN BEHRENS- COUNTY ENGINEER**

Clinton County Highway Department
479 21st Street
PO Box 188
Carlyle, IL 62231

Phone #: 618-594-2224

Fax: 618-594-2228

If you need additional information, please contact the Zoning Office at 594-6655.

Permits can be emailed to jami.staser@clintonco.illinois.gov or kay.thole@clintonco.illinois.gov or mailed to the Zoning Office.

LOT SIZE, SETBACK AND HEIGHT RESTRICTIONS BY DISTRICT SECTION 40-4-8

The restrictions are for the particular district in which said lot/principal structure is located.

DISTRICTS	"A"	"AR"	"R1"	"R2"	"R3"	"C"	"I"
MINIMUM DISTRICT AREA	40 acres	10 acres	10 acres	10 acres	10 acres	2 acres	10 acres
MINIMUM LOT AREA	40 acres	3 acres	1 acre	10,000 sq ft or 2,500 sq ft per dwelling unit, whichever is greater	7500 sq ft	6000 sq ft	20,000 sq ft
MINIMUM LOT WIDTH (at established building line)	800 ft	150 ft	100 ft	75 ft	50 ft	50 ft	125 ft
MINIMUM LOT DEPTH	800 ft	150 ft	100 ft	100 ft	100 ft	100 ft	150 ft
MINIMUM SETBACKS From front lot line: (Except along County roads outside the incorporated limits of any city, village or incorporated town, the minimum setback shall be 100 ft from the center line of the road, & Township roads the minimum setback shall be 75 ft from the center line of the road). Along Interstate and State Routes, the minimum setback shall be 75 ft from easements or right-of-way line.	50 ft	50 ft	**50 ft	25 ft	25 ft	none – (only applies to incorporated areas)	50 ft
From side lot line:	25 ft	25 ft	**25 ft	10 ft	10 ft	None	25 ft
From rear lot line:	25 ft	25 ft	**25 ft	10 ft	10 ft	None	25 ft
Maximum Height Structure	None	35 ft	35 ft	35 ft	35 ft	35 ft	None

**Subdivisions existing prior to the adoption of this ordinance, on January 1, 1991, shall use the minimum setback requirements as established for the R2 District.

The above restrictions are for the particular district in which said lot/principal structure is located.

SAMPLE SITE PLAN

