



Personal Solar Application

Office Use Only:

Zoning Application No. _____ Date: _____
Permanent Parcel No. _____ Fee: _____ Check # or Cash: _____
Zoning Classification: _____ ATF- Var. – Special Use – Map Change- Month & Year _____

APPLICANTS INFORMATION

FULL NAME: _____ PHONE NO. _____
ADDRESS: _____
Street Address City State ZIP Code
EMAIL: _____ OTHER NO. _____

LOCATION (if different from above)

FULL NAME: _____ PHONE NO. _____
LOCATION ADDRESS OF SOLAR PANELS: _____
TOWNSHIP: _____ SUBDIVISION NAME: _____

SOLAR CONTRACTOR INFORMATION

LICENSE, CERTIFICATION OR REGISTRATION NO: _____
CO. NAME: _____ ILLINOIS SHINE ID#: _____

COMPLETE THIS SECTION

Zoning of Property: _____ Parcel No. _____
How many solar panels _____ Number of Arrays _____ Total sq. footage of project _____
Size of System-(Watt or kW): _____ Height _____ Width _____ Length _____ UL Listing: Yes or No
Distances from Property Lines: North _____ South _____ East _____ West _____
Systems Components: # and size of panels, inverter, batteries, etc: _____
Any Part of the land in the Enterprise Zone? () Yes () No
Any part of the land in Carlyle Lake Flowage Easement? () Yes () No
Is any part of the tract of land in the floodplain based on the Flood Hazard Boundary Map? () Yes () No

PROVIDE A DRAWING AND ATTACH TO APPLICATION

Please provide all setbacks on your drawing:
 Front – Rear – All sides – Measure from the structure to centerline of roads
 Mark out lateral field if applicable

MUST READ

Applicants are encouraged to visit, call or e-mail jami.staser@clintonco.illinois.gov or kay.thole@clintonco.illinois.gov for any assistance needed in completing this form or visit the Website: <http://www.clintoncounty zoning.com/>
 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.

I hereby certify that I have read and understood the above requirements; and I have the authority to make this application and that the information given is correct. I guarantee that the proposed work described with this application and the accompanying plans and drawings meet Clinton County’s Zoning Ordinance.

Disclaimer and Signatures

STATE OF ILLINOIS)
) ss
 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: _____
Contractors	
Signature: _____	Date: _____

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:

Zoning Certificates of Compliance (Building Permit)

Less than 500 sq. ft	\$25.00
500 sq. ft or more	\$50.00

ALL FEES ARE NON-REFUNDABLE
PLEASE MAKE CHECK PAYABLE TO CLINTON COUNTY ZONING

OFFICE USE ONLY

Zoning District: _____ Required Setbacks: Front – Rear – Center of Rd. _____ Hearing: Yes/ No _____
 Height of Structure: _____ Flowage Easement: Yes / No _____ Flood Plain: Yes / No _____ Joe Smothers: Yes / No _____
 EcoCat: Yes / No _____ 911 Addressing: _____ APPROVED THIS _____ DAY OF _____ APPROVED BY: _____
 Site Plan: Yes / No Electrical disconnect: Yes/ No Local electric utility contacted Yes / No Local Fire District: Yes/ No
 DATE: _____ Emailed: _____ Mailed: _____ Handout @ Meeting/ in office: _____ By: _____

RESTRICTIONS & REQUIREMENTS

Application

- (A) Prior to construction of the Personal Solar Energy System, a Zoning Certificate of Compliance must be obtained from the Clinton County Zoning Department. All information required by the Zoning Administrator and the following must be submitted to obtain a Zoning Certificate of Compliance:
- i. Name, address, phone number of the applicant and property owner
 - ii. Site Plan showing property lines, all structures, setback lines, septic fields and field tile locations if applicable
 - iii. Location of all solar panels and associated equipment
 - iv. Location of the electrical disconnect for the PSES
 - v. Evidence the local electric utility has been informed of the applicant's intent to install a PSES
 - vi. Evidence the site plan has been submitted to the local fire protection district or department.

Height Restrictions

- (A) Ground or pole mounted solar energy systems when oriented at maximum tilt shall not exceed 10 feet and the size shall not occupy more than 2500 square feet of ground in any zoning districts.

Setback Requirements

- (A) Ground mounted solar energy systems, when oriented at any and all positions, shall meet the accessory structure requirements for the zoning district in which the unit is located.
- (B) Ground mounted solar energy systems shall not extend beyond the side yard or rear yard setback when oriented at maximum design tilt.
- (C) No solar energy system shall be allowed to be placed in the front yard of any residential property.
- (D) For solar units located within 500 feet of an airport or within approach zones of an airport, the applicant shall complete and provide the results of the Solar Glaze Hazard Analysis Tool (SGHAT) for the Airport Traffic Control Tower cab and final approach paths, consistent with the Interim Policy, FAA Review of Solar Energy Projects on Federal Obligated Airports, or most recent version adopted by the FAA.
- (E) Electric solar energy system components must have an Underwriters Laboratory (UL) Listing or approved equivalent. Solar energy collectors shall be documented by the manufacturer as being non-reflective pursuant to recognized engineering standards showing reflectivity of less than thirty percent (30%) and shall be placed such that concentrated sunlight or glare shall not be directed onto aircraft or nearby properties or streets.
- (F) PSES may require screening from public view (including adjacent properties and public right of ways) by fencing, walls, plantings, or other architectural feature, or any combination thereof, provided however, that the screening not be required to be so dense or tall, or so located as to render the equipment essentially non-functional.