



**Tower 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 AND LEASED INFORMATION**

FULL NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
 LOCATION ADDRESS OF TOWER: \_\_\_\_\_  
 PARCEL NO. \_\_\_\_\_ SUBDIVISION NAME: \_\_\_\_\_

**COMPLETE THIS SECTION ONLY FOR COMMERCIAL OR INDUSTRIAL USE**

COMMERCIAL: Description of proposed work	INDUSTRIAL: Description of proposed work

Residential Zoning: \_\_\_\_\_ Agricultural Zoning: \_\_\_\_\_

Distances from Residents: North \_\_\_\_\_ South \_\_\_\_\_ West \_\_\_\_\_ East \_\_\_\_\_ Height of Tower: \_\_\_\_\_

Type of Installation/ Plan Review: Telecommunications Tower - Radio Tower – Satellite – Mobile – Internet  
 Equipment Shelter – Generator Pad

Size \_\_\_\_\_ Height \_\_\_\_\_  
 (SEE BELOW LOT SIZE, SETBACK AND HEIGHT RESTRICTIONS BY DISTRICT SECTION 40-4-8)

**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
- Do you have a signed lease agreement from owner(s) of the property? Yes or No
- (A copy of lease must be submitted with application)**
- Do you have a separate address for the tower? Yes or No
- (The tower must have it's own address-contact addressing dept to obtain an address 618-594-6631)**

**SITE PLAN INFORMATION**

Your site plan should consist of the following:

- Please indicate the location of the fencing around the tower, this is required.
- Property lines & dimensions of lot
- 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)
- Distance from Right-of-Way line from State Highway to proposed structure

**THE OWNER IS RESPONSIBLE FOR DETERMINING THE ACCURATE LOCATION OF PROPERTY LINES**

(Consult a licensed land surveyor to confirm property lines if you are unable to do so, our office is unable to provide this information)

**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

**MUST READ**

Applicants are encouraged to visit, call or email [zoning@clintonco.illinois.gov](mailto:zoning@clintonco.illinois.gov) for any assistance needed in completing this form or visit the Website: <http://www.clintoncountyzoning.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 )

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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: \_\_\_\_\_

**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)**

Communication Towers:	\$25.00 per ft.	
Commercial	.06 per sq ft. minimum fee \$50	

**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 \_\_\_\_\_ Corp of Engineer: Yes / No

EcoCat: Yes / No \_\_\_\_\_ 911 Addressing: \_\_\_\_\_ APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_ Emailed: \_\_\_\_\_ Mailed: \_\_\_\_\_ Handout @ Meeting/ in office: \_\_\_\_\_ By: \_\_\_\_\_

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

If you need additional information, please contact the Zoning Office at 594-6655, or if you would like to email your permit to [zoning@clintonco.illinois.gov](mailto:zoning@clintonco.illinois.gov)

If a new entrance is required along a County Highway please contact the County Engineer:

- *Clinton County Highway Department* -**DAN BEHRENS- COUNTY ENGINEER**  
[https://www.clintonco.illinois.gov/highway\\_department.htm](https://www.clintonco.illinois.gov/highway_department.htm)

Please email the tower address to email listed below for:

- *Clinton County 911 Routing & Addressing Verification*  
[etsb-911@clintonco.illinois.gov](mailto:etsb-911@clintonco.illinois.gov)

**LOT SIZE, SETBACK AND HEIGHT RESTRICTIONS BY DISTRICT SECTION 40-3-6**

<b>DISTRICTS</b>	<b>"A"</b>	<b>"AR"</b>	<b>"R1"</b>	<b>"R2"</b>	<b>"R3"</b>	<b>"C"</b>	<b>"I"</b>
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.