CLINTON COUNTY
Zoning Department
850 Fairfax St. Rm. 124
Carlyle, IL. 62231

REQUEST for a TEXT or MAP AMENDMENT

PHONE: (618) 594-6655
FAX: (618) 594-6006
(jami.staser@clintonco.illinois.gov) OR (kay.thole@clintonco.illionois.gov)

GENERAL INFORMATION
REGARDING APPLICATIONS FOR
TEXT/MAP AMENDMENTS

The application for a map or text amendment, 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, or contact the Clinton County Clerk & Recorders Office to obtain a copy of your deed. 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.

Map Amendment recommendations:

- Location of the property.
- A map of the area that shows ¼ mile as well as ½ mile radius from the property.
- 100 year flood hazard area.
- Are there livestock within ¼ mile of the property.

The Zoning Board of Appeals meets at 6:30 P.M. the first Wednesday of every month, unless noted otherwise. **Location:** 810 Franklin Street, Carlyle, IL, County Board Room, (south of the courthouse) in the Clinton County Jail Building.

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

Within a reasonable time after the public hearing, the Board of Appeals shall submit an advisory report to the County Board. Said advisory report shall include recommendation regarding adoption or rejection of the proposed amendment.

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 A TEXT OR MAP AMENDMENT

AMENDMENT REQUEST NO _____ DATE:_____

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

HEARING DATE: _____ PERMANENT PARCEL NO. _____

NOTICE PUBLISHED ON: _____ ZONE DISTRICT CLASSIFICATION: _____

NEWSPAPER: _____ FEE PAID $ _____CK# _____

RECOMMENDATION OF BOARD OF APPEALS: ( ) DENIED ( ) APPROVED ( ) APPROVED WITH MODIFICATION _____

INSTRUCTIONS TO APPLICANTS: Map or Text Amendment as listed in Article IX Division V of the Zoning Ordinance. The County Board may amend this code in accordance with state law (55ILCS 5/5-12001) and the provisions of the Clinton County Code. Proposed alterations of district boundaries or proposed changes in the status of uses (permitted, special, prohibited) shall be deemed proposed amendments. The Board of Appeals shall hold a public hearing on every amendment proposal within a reasonable time after said proposal has been submitted to them. At the hearing any interested party (including any school district in which the property is located) may appear and testify, either in person or by duly authorized agent or attorney. All testimony shall be given under oath. The County Board shall act on every proposed amendment at their next regularly scheduled meeting.

A notice of the hearing indicating the time, date and place of the public hearing, and the nature of the proposed amendment shall be given no more than 30 nor less than 15 days before the hearing: By first class mail to the applicant and to all parties whose property is adjacent to the property that would be rezoned (in the case of rezoning); and by publication in a newspaper of general circulation within the County.

The applicant or his/her duly-authorized agent must appear at the hearing and present his/her case to the Board of Appeals.

The applicant should be able to show, by a site plan and documentary evidence, that a proposed development will be in harmony with the general purpose and intent of the zoning ordinance. A hearing will be scheduled when all requested information is provided.

Applicants are encouraged to visit, call or email the office of the Zoning Administrator (jami.staser@clintonco.illlinois.gov) or (kay.thole@clintonco.illinois.gov) for any assistance needed in completing this form.

1. **NAME OF APPLICANT (S):** _____

CELL PHONE: _____ OTHER:_____

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

E-MAIL ADDRESS: _____

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

ADDRESS: _____PHONE #: _____
(attach additional sheets if necessary)

3. **NAME OF OWNER (S):**
(If other than applicant)_____ PHONE #: _____

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

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

( ) A. <u>AMENDMENT TO TEXT:</u>

REASON FOR AMENDMENT:

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( ) B. AMENDMENT TO MAP:

It is requested that property described below and shown on the attached site plan be rezoned from: _____ to _____

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

REASON FOR AMENDMENT: _____

PRESENT USE OF PROPERTY: _____ **SUBDIVISION NAME:** _____
(Industrial, residential, commercial, etc.)

PROPOSED USE OF PROPERTY: _____

5. Names and addresses of adjacent property owners and present use of property: Also, name of municipalities within 1 ½ miles of land where proposed amendment is being requested.

NAME	ADDRESS	PRESENT USE

Municipality within 1 ½ miles: _____

Please list the Township Road Commissioner if applicable: _____

9. Is any part of the lot or tract of land, where the proposed amendment 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?

Disclaimer and Signatures

I certify that all the above statements and the statement 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 resolving such notices as may be required by law and agree to pay all fees associated with the filing, hearing and certificate of zoning compliance.

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

DATE: _____ APPLICANT SIGNATURE: _____

DATE: _____ OWNER (S) SIGNATURE: _____

(Please provide maps of the area being rezoned)
Thank You!

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*

THE APPLICANT IS RESPONSIBLE FOR THE LIST OF NAMES AND ADDRESSES OF ADJACENT LANDOWNERS

*

ALSO ANYONE ACROSS A ROAD MUST RECEIVE NOTIFICATION

*

NOTICE THE SAMPLE OF ADJACENT LANDOWNERS

ADJACENT LAND OWNER	**ADJACENT LAND OWNER**	**ADJACENT LAND OWNER**
ADJACENT LAND OWNER	**LOT OR TRACT IN QUESTION**	**ADJACENT LAND OWNER**
ADJACENT LAND OWNER	**ADJACENT LAND OWNER**	**ADJACENT LAND OWNER**

LIVESTOCK AFFIDAVIT

Petitioner: _____

Address: _____

Email: _____

Phone: _____ Other #: _____

I (We) hereby certify that to the best of my (our) knowledge, the site that is subject of the above application is not within one-quarter mile (1,320') of a "livestock facility and/or livestock waste handing facility" with more than fifty (50) animal units pursuant to the *Illinois Livestock Management Facilities Act.*

I certify that the above statement is true and accurate.

Date: _____ Applicant Signature: _____

Date: _____ Owner (s) Signature: _____

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 Public Signature My Commission Expires

(Seal)

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IMPORTANT!!! **PROCESSING WILL NOT BEGIN WITHOUT THE FOLLOWING!**

Planning Map from Farm Services 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*

Subdivision Name (if applicable): _____

Location Address:_____

_____

Number of Acres: _____ Permanent Parcel Number: _____

Surrounding Land Use: _____

Proposed type of Sewage Disposal System: _____

Description of Proposed Project: _____

_____ 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
clintoncoswcd@gmail.com
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 subdivided vacant or agricultural lands therein shall furnish a copy of such petition or proposal to the Soil and Water Conservation District.

***PETITIONER:*_____**

***ADDRESS:* _____**

STREET CITY STATE ZIP

***PHONE:* _____ *CELL:* _____**

NAME, ADDRESS and TELEPHONE NUMBER of person, if different from petitioner, to contact from 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)

_____ Appeal- **Please describe fully on separate page or attach.**

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MUST BE FILED ON OR BEFORE NOON ON	HEARING DATE @ 6:30 P.M	COUNTY BOARD MEETING @ 7:00 P.M
December 4, 2019	January 9, 2020	January 21, 2020
January 9, 2020	February 5, 2020	February 18, 2020
February 5, 2020	March 4, 2020	March 16, 2020
March 4, 2020	April 1, 2020	April 20, 2020
April 1, 2020	May 6, 2020	May 18, 2020
May 6, 2020	June 3, 2020	June 15, 2020
June 3, 2020	July 1, 2020	July 21, 2020
July 1, 2020	August 5, 2020	August 17, 2020
August 5, 2020	September 2, 2020	September 21, 2020
September 2, 2020	October 7, 2020	October 19, 2020
October 7, 2020	November 4, 2020	November 16, 2020
November 4, 2020	December 2, 2020	December 21, 2020
December 2, 2020	January 6, 2021	January 19, 2021

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:

SPECIAL USE PERMIT	$125.00 + COST OF CERTIFIED MAIL TO ADJOINING PROPERTY OWNERS
ZONING MAP AMENDMENT	$125.00 + COST OF CERTIFIED MAIL TO ADJOINING PROPERTY OWNERS
APPEAL	$125.00 + COST OF CERTIFIED MAIL TO ADJOINING PROPERTY OWNERS
VARIANCE	$125.00 + COST OF CERTIFIED MAIL TO ADJOINING PROPERTY OWNERS

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