

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

**GENERAL INFORMATION
REGARDING APPLICATIONS FOR
TEXT/MAP AMENDMENTS-SPECIAL USES-VARIANCES**

The application for a map amendment, special use permit or variance 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 & Records 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.

The Zoning Board of Appeals meets at 7:30 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

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 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: A Special Use Permit development listed in Article IV Section 40-4-3, 40-4-13, 40-4-23, 40-4-33, 40-4-48, 40-4-64 of the Zoning Ordinance which have been designated "Map or Text Amendment". These may be public service uses which, although generally considered desirable or compatible with uses in the zone district in which they may be permitted, require special review. This is performed by the Zoning Board of Appeals at a public hearing.

A notice of the hearing must be published in a newspaper of general circulation in the local area at least 15 days prior to the hearing. The applicant will be notified by mail of the time and place of the hearing at least 15 days prior to the hearing date.

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 the proposed development will be in harmony with the general purpose and intent of the zoning ordinance.

All information requested below, a site plan as described on the attached sheet, and a development schedule provided reasonable guarantees for the completion of the construction must be provided before a hearing will be scheduled. Applicants are encouraged to visit, call or email (jami.staser@clintonco.illinois.gov) the office of the Zoning Administrator or (kay.thole@clintonco.illinois.gov) for any assistance needed in completing this form. Website: <http://www.clintoncountyzoning.com/>

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. AMENDMENT TO TEXT:** It is requested that Article _____ Section _____ of the CLINTON COUNTY ZONING ORDINANCE be AMENDED as follows: _____

REASON FOR AMENDMENT: _____

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9. Is any part of the lot or tract of land where the proposed Special Use 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?

10. 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.

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

DATE: _____ APPLICANT SIGNATURE: _____

DATE: _____ OWNER (S) SIGNATURE: _____

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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

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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

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
stacy.helm@il.nacdnet.net
Phone: (618) 526-7919

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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)



MUST BE FILED ON OR BEFORE	HEARING DATE	COUNTY BOARD
December 6, 2017	January 3, 2018	January 16, 2018
January 3, 2018	February 7, 2018	February 20, 2018
February 7, 2018	March 7, 2018	March 19, 2018
March 7, 2018	April 4, 2018	April 16, 2018
April 4, 2018	May 2, 2018	May 21, 2018
May 2, 2018	June 6, 2018	June 18, 2018
June 6, 2018	July 5, 2018	July 17, 2018
July 5, 2018	August 1, 2018	August 20, 2018
August 1, 2018	September 5, 2018	September 17, 2018
September 5, 2018	October 3, 2018	October 15, 2018
October 3, 2018	November 7, 2018	November 19, 2018
November 7, 2018	December 5, 2018	December 17, 2018
December 5, 2018	January 2, 2019	January 22, 2019

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