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

Residential 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 #: _____ Email_____

Parcel No. _____ Township:_____

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

Full Name:_____ Parcel No: _____

Address- _____
City- _____
State-Zip:_____ Subdivision: _____

COMPLETE THIS SECTION ONLY FOR COMMERCIAL OR INDUSTRIAL USE

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

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

Single Family Dwelling – (**Basement** -Finished- Unfinished, Walkout, Crawl, Slab) **- Deck – Covered Patio – Porch**
Addition to existing Residence on (Crawl ,Slab, Basement) **Enclosed Sunroom** **Multi Family Dwelling – Duplex**
Manufactured OR Modular Home- (Single or Double – Block Foundation) **– Deck – Covered Patio – Porch**
Swimming Pool (Above or In-ground) **Carport - Lean To – Clubhouse – Pavilion - Gazebo**
Garage – Shed- Pole bldg.. (Portable or Detached) **Any Bathrooms** Yes/No **Storage Container-** Truck Trailer

Size: _____ Total Sq. Ft: _____ Height: _____Cost of structure: $ _____
Height of basement/crawl space walls: _____

UTILITIES: ( ) Public Sewers ( ) Clinton County Health Permit # _____
If a Licensed Private Sewage Installer Contractor is needed, have you contacted the Health Department.
( ) Yes ( ) No - Date contacted _____

( ) EXISTING DWELLING WILL BE REMOVED UPON OCCUPANCY OF NEW DWELLING *(if applicable)*
Month: _____ Year: _____ Signature: _____

PRESENT USE OF PROPERTY: (PLEASE CIRCLE)

Single Family – Duplex – Multi-Family – Vacant Tract – Agriculture _____
Commercial (type) _____ Industrial (type) _____

PROPOSED USE OF PROPERTY (PLEASE CIRCLE)

Single Family – Duplex – Multi-Family – Vacant Tract – Agriculture _____
Commercial (type) _____ Industrial (type) _____

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
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.)

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

Your site plan should consist of the following:

- 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
- **NEW HOMES**: Please furnish an 8 x 11 copy of the floor plan with dimension of the house and garage.
- **Solar Panels**- Please show lateral fields on application.

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 BELOW OR ATTACH TO YOUR 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.

Please provide all setbacks on your drawing: Front – Rear – Side – Centerline of road to structure.

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: https://www.clintonco.illinois.gov/county-offices/zoning/

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.

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Disclaimer and Signatures

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 drawing meet Clinton County's Zoning Ordinance.

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:_____

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)

Residential	$0.12 per sq. ft. Min. fee: $50.00	(Home additions & Clubhouses, living area excluding basement & garage)
Commercial	$0.06 per sq. ft. Min. fee: $50.00	
Industrial	$0.06 per sq. ft. Min. fee: $50.00	
Mobile/ Manufactured Homes	$0.12 per sq. ft. Minimum fee $50.00	
Accessory Uses & Home Occupation:	Under 500 sq. ft. $25.00 500 sq. ft. & over $50.00	
Communication Towers:	$25.00 per ft.	
Late Filing fee	$75.00	Failure to obtain a Permit

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

OFFICE USE ONLY

Zoning District:_____ **Required Setbacks:** Front – Rear – Side - Center of Rd _____
Height of Structure: _____ **Flowage Easement:** Yes / No _____ **Flood Plain:** Yes / No _____
Health Permit: Yes / No _____ **Corp of Engineer:** Yes / No _____ **EcoCat:** Yes / No _____
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:

- **JAMIE 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.

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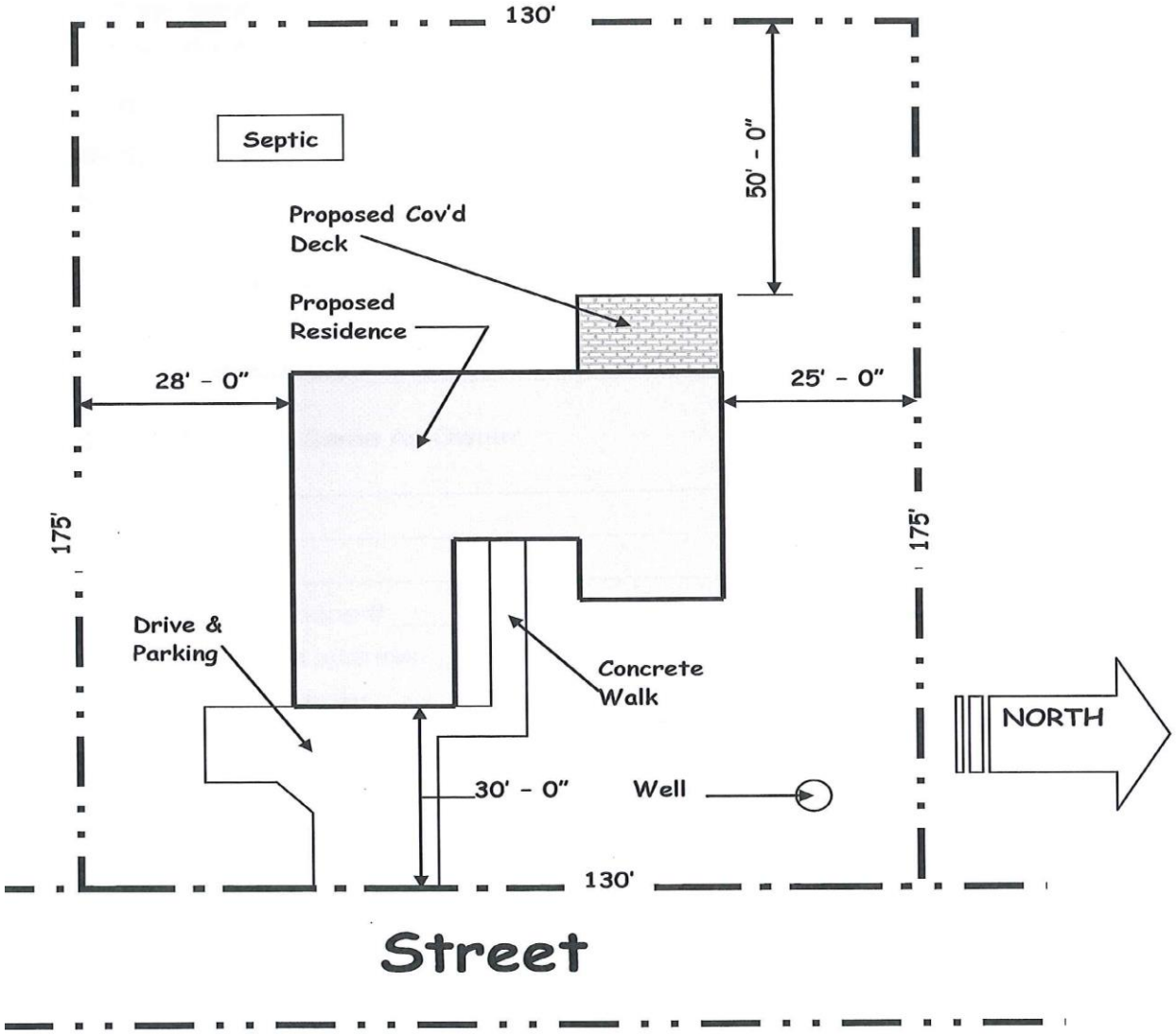
LOT SIZE, SETBACK AND HEIGHT RESTRICTIONS BY DISTRICT SECTION 40-3-6

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