



CLINTON COUNTY ZONING DEPARTMENT

850 Fairfax St., Carlyle, IL. 62231

Phone: (618) 594-6655

Fax: (618) 594-6006

Agricultural Application

Office Use Only:

Zoning Application No.: _____

Date: _____

Permanent Parcel No.: _____

Fee: _____

Zoning Classification: _____

ATF – Var. – Special Use – Map Change – Month: _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone _____ Email _____

Parcel No. _____ Township _____

Location Information (If different from above)

Full Name: _____ New Address: _____

Parcel No: _____ Township: _____

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

Sheds: Utility – Machine – Hay- Loafing

Barns: Stable – Bank – Dairy – Hay – Flat – Loft – Hog – Free Stall – Pole Building – Feed Lot Canopy – Hoop Holding Pen – General Purpose Building – Lean-to – Livestock –Poultry – Milking Parlor –Milk House – Silo’s Bunkers – Conventional or Porcelain – Storage – Bulk Feed Tank

Grain Bin: New or Used Concrete Floors – Addition to an existing structure – Towers – Solar Panels

Misc: _____

Size: _____ **Total Sq. Ft.** _____ **Width:** _____ **Height:** _____

Bushel: _____ **Misc. Info:** _____

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

(If you answered yes to the above, more information will be needed before issuing a building permit.)

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

Your site plan should consist of the following:

- Property lines & dimensions of parcel
- 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)

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

It is recommended to consult a licensed land surveyor if uncertain of property lines.

PROVIDE A DRAWING BELOW OR ON THE BACK OF THE FORM

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 the website at <http://www.clintoncountyzoning.com/> or email (jami.staser@clintonco.illinois.gov) or (kay.thole@clintonco.illinois.gov) for assistance. 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.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Applicants
Signature: _____ Date: _____
Owner(s)
Signature: _____ Date: _____

OFFICE USE ONLY

Zoning District: _____ Required Setbacks: _____ Height of structure: _____
Flowage Easement: Yes or No Flood Plain: Yes or No Health Permit: Yes or No Joe Smothers: Yes or No
EcoCat: Yes or No Family Split: Yes or No Subdivision Plat Name: _____
Deed: _____ Misc. Info: _____

APPROVED THIS _____ DAY OF _____, APPROVED BY: _____

DATE: _____ Emailed: _____ Mailed: _____ Handout @ Meeting _____ By: _____

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) 594-2723, Ext. 324
Fax (618) 594-5474

A private Sewage Application and Informational Packet can be downloaded on the Clinton County Health Departments website:
www.clintonco.illinois.gov/environmental_health

PLEASE ALLOW AT LEAST THIRTY (30) DAYS FOR APPLICATION PROCESS.

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
https://www.clintonco.illinois.gov/highway_department.htm

To apply for an address, please contact:

❖ **JAY DONNELLY**
Clinton County Addressing
850 Fairfax St – Room 124
Carlyle, IL 62231
Phone #: 618-594-6631
Fax: (618) 594-6006
<https://www.clintonco.illinois.gov/addressing.htm>

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.

LOT SIZE, SETBACK AND HEIGHT RESTRICTIONS BY DISTRICT SECTION 40-4-8

The restrictions are for the particular district in which said lot/principal structure is located.

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.

SAMPLE SITE PLAN

