



**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. 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. on the date outlined on attached calendar. Location: 810 Franklin Street, Carlyle, IL., County Board Room.

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.

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**

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# _____ DATE: _____

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 "special use". 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 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)

ADDRESS: _____ PHONE: _____
(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: _____

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REASON FOR AMENDMENT: _____

() **B. AMENDMENT TO MAP:** It is requested that property described below and shown on the attached site plan be rezoned from: _____ to _____

ADDRESS OF PROPERTY: _____

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

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

PROPOSED USE OF PROPERTY: _____

REASON FOR AMENDMENT: _____

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 special use is being requested.

NAME	ADDRESS	PRESENT USE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

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
Phone: (618) 526-7919

CLINTON COUNTY
Zoning Department
850 Fairfax St. Rm. 124
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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	COUNTYBOARD
December 3, 2015	January 6, 2016	January 19, 2016
January 6, 2016	February 3, 2016	February 16, 2016
February 3, 2016	March 2, 2016	March 21, 2016
March 2, 2016	April 6, 2016	April 18, 2016
April 6, 2016	May 4, 2016	May 16, 2016
May 4, 2016	June 1, 2016	June 20, 2016
June 1, 2016	July 6, 2016	July 19, 2016
July 6, 2016	August 3, 2016	August 15, 2016
August 3, 2016	September 7, 2016	September 19, 2016
September 7, 2016	October 5, 2016	October 17, 2016
October 5, 2016	November 2, 2016	November 21, 2016
November 2, 2016	December 7, 2016	December 19, 2016
December 7, 2016	January 4, 2017	January 17, 2017

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