Clinton County Zoning Department
850 Fairfax St. Rm 124 Carlyle, IL. 62231 * Phone (618) 594-6655 * Fax (618) 594-6006
(jami.staser@clintonco.illinois.gov) OR (kay.thole@clintonco.illinois.gov)

APPLICATIONS FOR SPECIAL USES

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 12:00pm 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 and 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.

The Zoning Board of Appeals meets at 6:00 P.M. the first Wednesday of every month, unless noted otherwise. The Zoning Board of Appeals hearings are held in the County Board Room in the County Jail Building (south of the Courthouse) at 810 Franklin Street, Carlyle, IL.

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

STANDARDS FOR SPECIAL USE

Members of the Board of Appeals must find the proposed Special Use complies with the required standards listed below. All applicants may be asked to explain why the special use should be approved; however, the criteria for determining the acceptability of Special Use shall not be limited to the following standards:

1. Whether the proposed design, location, development and operation of the proposed Special Use will adequately protect the public health, safety and welfare and the physical environment
2. Whether the proposed Special Use is consistent with the County's comprehensive plan
3. The effect the proposed Special Use may have on the value of the neighboring property and on the County's overall tax base
4. The availability and the effect of the proposed Special Use would have on public utilities and on traffic circulation on nearby streets
5. Whether there are any facilities near the proposed Special Use (such as schools or hospitals) that require special consideration
6. Whether the proposed Special Use is compatible to adjacent uses and uses in the general vicinity
7. The time period for which the Special Use Permit should be granted or any special requirement for certification of continued compliance with the terms of approval.

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.

PLEASE ALLOW 30 DAYS FOR INSPECTION EVALUATION AND PROCESSING OF THIS REPORT

Clinton County Soil & Water Conservation District
1780 N 4th St Breese IL 62230 Phone 618-526-7815, Ext. 3 clintoncoswcd@gmail.com

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 persons who petition 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 proposes to subdivide vacant or agricultural lands therein shall furnish a copy of such petition or proposal to the Clinton County Soil and Water Conservation District.

Application Date: _____ Hearing Date: _____

Petitioner: _____
Address: _____
Street City State Zip

Phone: _____ Email: _____

☐ *Please check this box if you would like to receive an email copy of your report*

Name, Address, Email and Telephone Number of person(s), if different from petitioner, to contact for additional project information.

Name:_____ Phone:_____
Address:_____
Email:_____

Type of Proposal (Check One):

_____ Change in Zoning from _____ to _____

_____ Subdivision or Planned Unit Development

_____ Variance – PLEASE DESCRIBE BELOW:
_____

_____ Special Use Permit – PLEASE DESCRIBE BELOW:
_____

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

Plat Map with proposed location highlighted
Location map with proposed location clearly defined
Exact acreage of proposed project defined
Signature of landowner allowing District representative to inspect property

Location Address: _____

Section (s): _____ Township (s): _____ N/S Range (s): _____W

Subdivision Name (if applicable): _____

Permanent Parcel Number (s): _____

_____

Total Acres in Parcel(s): _____ Acres of Proposed Project: _____

Surrounding Land Use: _____

Proposed type of Sewage Disposal System: _____

Description of Proposed Project:_____

_____

_____

Landowner Name (printed): _____

Signature & Date of landowner allowing District representative to inspect property:

Sign:_____ Date:_____

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) 526-7815 Ext. 3

REQUEST FOR A SPECIAL USE PERMIT

SPECIAL USE 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
PERMIT ON FILE IN THE OFFICE: YES OR NO

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 or (kay.thole@clintonco.illionois.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. **NAME OF OWNER(S):** (only if other than applicant):_____

ADDRESS: _____
(attach additional sheets if necessary)
PHONE: _____

3. **LOCATION OF PROPERTY:** (if different from above)

_____
(STREET) (CITY) (STATE) (ZIP)

SUBDIVISION NAME: _____
LEGAL DESCRIPTION (This is located on the deed to your property):
_____
_____
_____

4. **PRESENT USE OF PROPERTY:** _____(industrial, residential, commercial, etc)

5. **TYPE OF DEVELOPMENT FOR WHICH SPECIAL PERMIT IS REQUESTED:**

_____

_____

A. **NATURE OF SPECIAL USE, INCLUDING TYPE OF ACTIVITY, MANNER OF OPERATION, NUMBER OF OCCUPANTS OR EMPLOYEES, AND SIMILAR MATTERS** (specify):

_____

_____

_____

B. **PLANNED UNIT DEVELOPMENT:** ( ) SINGLE FAMILY ( ) MULTI-FAMILY ( ) COMMERCIAL ( ) INDUSTRIAL) OTHER**:** _____

6. **DEVELOPMENT SCHEDULE:** (a development schedule shall be attached to this application providing reasonable guarantees for the completion of the proposed development)_____

7. 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 OF PROPERTY**

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 Special Use is to take place in a known flood plain based on the Flood Hazard Boundary Map or Carlyle Lake Flowage Easement Area? **YES or NO**

SITE PLAN INFORMATION REQUIRED

You will need to provide a drawing of your lot showing the following: (may use Assessors GIS mapping or Google Earth)

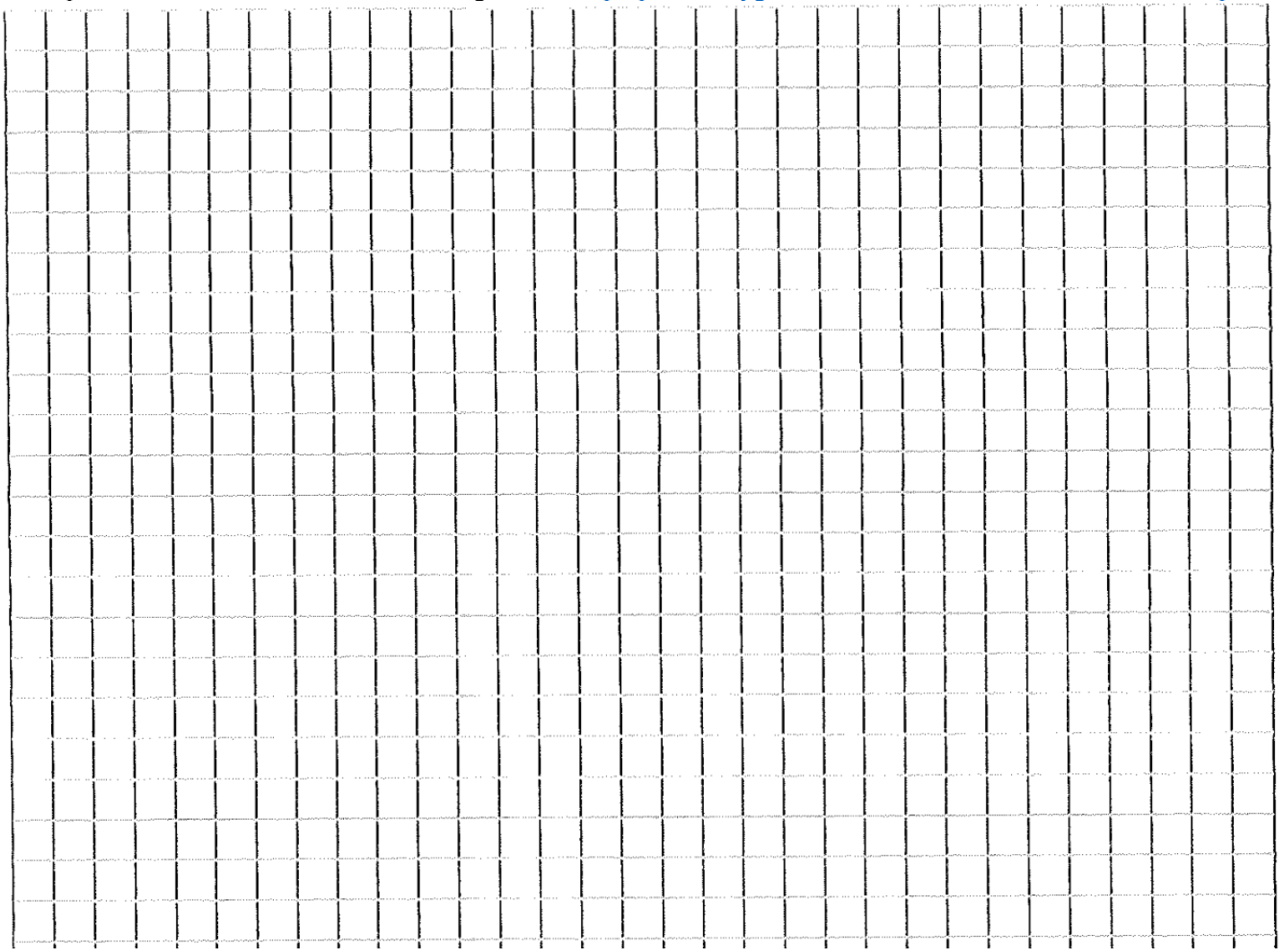
- Property Lines & Dimensions of Lot _____
- Distances from proposed structure, front, side & rear lot lines _____
- Centerline of County or Township Road to proposed structure_____
- Distance from Right-of-way line from State Highway to proposed structure_____
- Building **Height**- from ground to peak _____
- Number and size of proposed dwelling units _____
- Location of number of proposed parking/loading spaces and access ways_____
- Identification and location of all existing or proposed utilities, whether public or private

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.

PROVIDE A DRAWING BELOW OR ON THE BACK OF THIS FORM

Please provide all setbacks on your drawing: Front – Rear – Side – Centerline of road to structure. Location of the proposed use or structure, including area and dimensions of the site for the proposed structure or use. The following sites are helpful with sketch of new structure: Google Earth http://portico.mygisonline.com/html5/?viewer=clintonil.bv1-p1



Disclaimer and Signatures

I certify that all the information and statements contained in any papers or plans submitted here within 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

APPLICANTS SIGNATURE: _____ DATE: _____

OWNER (S) (If not the same as above):_____ DATE: _____

SAMPLE OF ADJACENT LANDOWNERS

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

INCLUDING PROPERTIES ACROSS A ROAD MUST ALSO RECEIVE NOTIFICATION

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**

MUST BE FILED ON OR BEFORE NOON ON	HEARING DATE @ 6:00 P.M	COUNTY BOARD MEETING @ 7:00 P.M
December 2, 2026	January 6, 2027	January 19, 2027
January 6, 2027	February 3, 2027	February 16, 2027
February 3, 2027	March 3, 2027	March 15, 2027
March 3, 2027	April 7, 2027	April 19, 2027
April 7, 2027	May 5, 2027	May 17, 2027
May 5, 2027	June 2, 2027	June 21, 2027
June 2, 2027	July 7, 2027	July 19, 2027
July 7, 2027	August 4, 2027	August 16, 2027
August 4, 2027	September 1, 2027	September 20, 2024
September 1, 2027	October 6, 2027	October 18, 2027
October 6, 2027	November 3, 2027	November 15, 2027
November 3, 2027	December 1, 2027	December 20, 2027
December 1, 2027	January 5, 2028	January 18, 2028

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: Updated December 16, 2024.
Now therefore be it resolved by the Clinton County Board that the following fees are hereby established for Clinton County Zoning:

SPECIAL USE PERMIT	$360 for the first 10 acres; $100. For each additional acres. Plus cost of Certified mail to adjoining property owners.
SPECIAL USE-COMMERCIAL SOLAR **SPECIAL USE-COMMERCIAL SOLAR EXTENTION**	$3000 Per Megawatt; plus cost of certified mail $2000 Per Megawatt; plus cost of certified mail
SPECIAL USE PERMIT- **SURFACE MINING**	$0.25 per cubic yard (Acres X 43,560 X Max Depth of State Permit / 27 x $0.02)
ZONING MAP AMENDMENT	$400 for the first 10 acres; $100 for each additional acres Plus cost of Certified mail to adjoining property owners
APPEAL	$360.00 Plus the cost of certified mail to adjoining property owners.
VARIANCE	$125.00 Plus the cost of certified mail to adjoining property owners.

ALL FEES ARE NON-REFUNDABLE

PLEASE MAKE CHECK PAYABLE TO CLINTON COUNTY ZONING OR PAY ON LINE WITH THE LINK BELOW

https://www.govpaynow.com/gps/user/cyg/plc/a003tm