



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

Agricultural 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: _____ Address: _____

Phone # _____ Email _____

Parcel No. _____ Township _____

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

Full Name: _____ Address: _____

Parcel #: _____ Township: _____

All applicants must complete

Sheds: Utility – Machine – Hay- Loafing - storage **Concrete Manure Pit:** Height _____ Length _____ Depth _____
Size: _____ Sq. Ft. _____ Height: _____

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 – Bulk Feed Tank
Size: _____ Sq. Ft. _____ Height: _____

Silo's-Conventional or Porcelain: Height: _____ Diameter: _____

Bunker: Height: _____ Length _____ Width _____

Grain Bin: New or Used - Concrete Floors – Height _____ Diameter: _____ Bushels _____

Container: Truck trailer size _____ Railroad or Train Car size: _____

Oil Well: Vertical or Horizontal Pumps (Quantity/Size) _____ Storage Tanks (Quantity and Size) _____

Single Family Dwelling- Manufacture or Modular (Basement-Slab-Walkout-Crawl) or **Addition to Existing Structure**
Fill: _____

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

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

Do you currently have a copy of an acknowledgement letter from the Department of Ag? 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.)

() EXISTING DWELLING WILL BE REMOVED UPON OCCUPANCY OF NEW DWELLING (if applicable)

Month: _____ Year: _____ Signature: _____

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

Any deviations, or actual distance, differing from this application that doesn't conform with the Clinton County Zoning Code-may result in fines & penalties, a "STOP ORDER" & correction action as outlined in 40-8-6 & 40-8-10

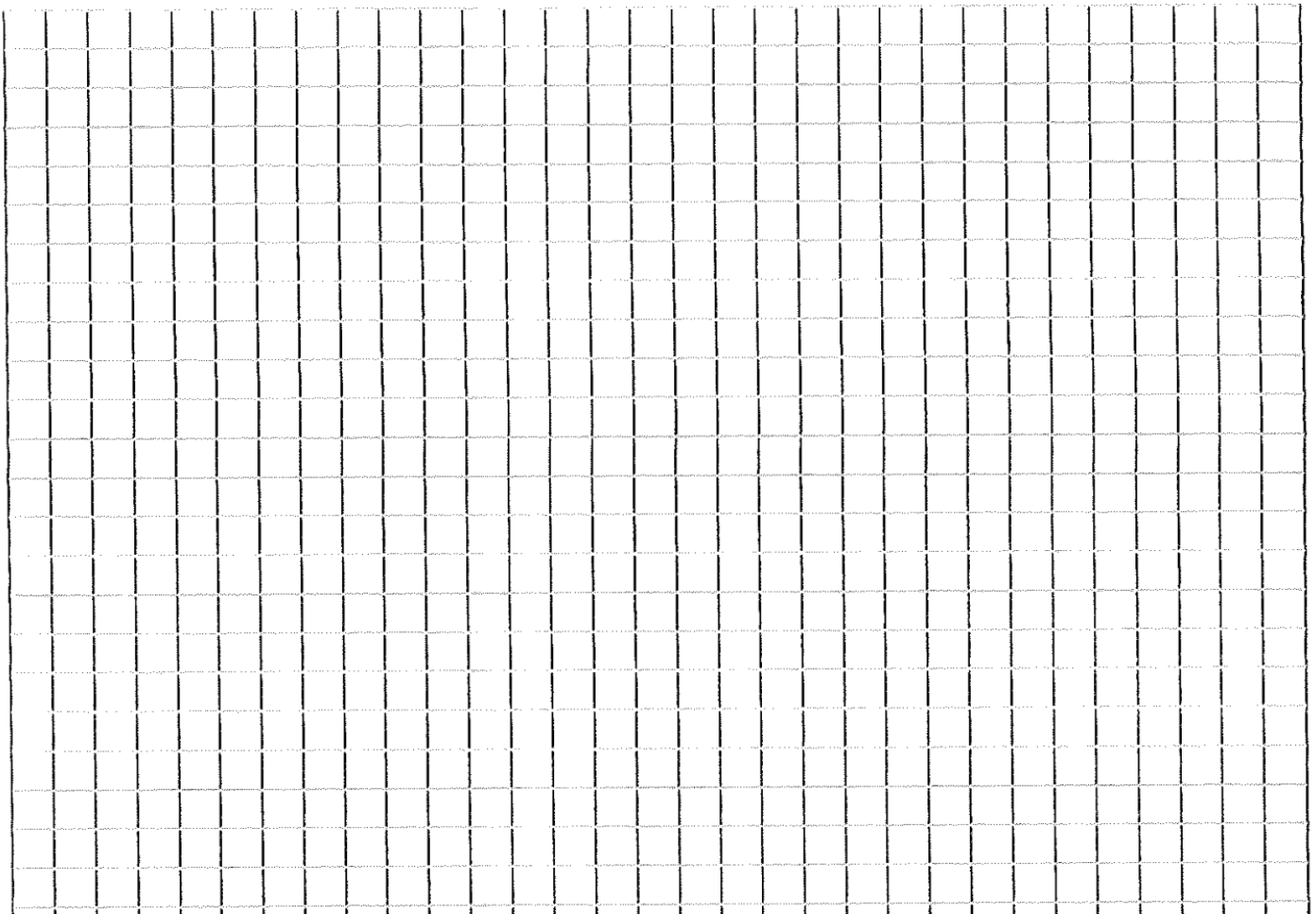
Your site plan should consist of the following:

- 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)
- **NEW HOMES:** Please furnish an 8 x 11 copy of the floor plan with dimension of the house and garage.

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 APPLICATION

Fill free to use the GIS mapping @ <http://portico.mygisonline.com/html5/?viewer=clintonil.bv1-p1>, Google Earth or grid below for drawing your new structure(s). **Please provide all setbacks on your drawing:** Front – Rear – Side – Centerline of road to structure



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.

PENALTIES

40-8-10 PENALTIES.

(A) Any person who is convicted of a violation of this Code shall be guilty of a Class B misdemeanor and shall be fined not less than **Seventy-Five Dollars (\$75.00)**, nor more than **One Thousand Dollars (\$1,000.00)**, plus costs. Each day on which a violation continues shall be considered a separate offense.

(B) Nothing contained in this Section shall prevent the County from taking any other lawful action that may be necessary to secure compliance with this Code.

(Ord. No. 2015-05)

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 March 20, 2023
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	\$0.13 per sq. ft. Min. fee: \$50.00	(Home additions & Clubhouses, living area excluding basement & garage)
Commercial	\$0.07 per sq. ft. Min. fee: \$50.00	
Industrial	\$0.07 per sq. ft. Min. fee: \$50.00	
Mobile/ Manufactured Homes	\$0.13 per sq. ft. Minimum fee \$50.00	
Accessory Uses & Home Occupation:	500 sq. ft. & under \$25.00 501 sq. ft. to 1000 \$50.00 \$0.08 per sq. ft. over 1000 sq. ft.	
Communication Towers:	\$30.00 per ft. of tower	
Commercial Solar (Farms)	\$0.07 Per sq. ft. of permitted property area	
Late Filing fee	Residential, Commercial & Industrial late fee is doubled. Agricultural late fee is \$.26 per sq. ft. of structure, minimum \$100.	Failure to obtain a Permit

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/cyq/plc/a003tm>



CLINTON COUNTY ZONING DEPARTMENT

850 Fairfax St, Carlyle, IL 62231

Phone: (618) 594-6655

Fax: (618) 594-6006

Agricultural Zoning Compliance Certificate Conditions of Use Affidavit

I, _____, residing at _____, _____, Illinois hereby certify that I understand and accept the terms and conditions of the Clinton County Zoning Compliance Certificate. I attest that I have submitted an agricultural application to construct a building for agricultural purposes not to include livestock. All the information submitted on said application are correct and true statements. It is understood that changes in use, construction plans, or specifications that deviate from the agricultural application shall be submitted to the Clinton County Zoning Office. Failure to comply with the applicable requirements may result in fines and penalties (40-8-10).

Date

Permit Number

Printed Name

Signature of Authorized Agent

Notary

40-8-10 Penalties.

(A) Any person who is convicted of a violation of this Code shall be guilty of a Class B misdemeanor and shall be fined not less than Seventy-Five Dollars (\$75.00), nor more than One Thousand Dollars (\$1,000.00), plus costs. Each day on which a violation continues shall be considered a separate offense.

(B) Nothing contained in this Section shall prevent the County from taking any other lawful action that may be necessary to secure compliance with this Code.

Disclaimer and Signature

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

If the applicant or owner, is performing the proposed work, they must sign as the Owner & Contractor

Applicants _____

Signature: _____

Date: _____

Owner(s) _____

Signature: _____

Date: _____

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

If the applicant or owner, is performing the proposed work, they must sign as the Owner & Contractor

Contractors _____

Signature: _____

Date: _____

OFFICE USE ONLY

Zoning District: _____ Required Setbacks: _____ Height of structure: _____ Flowage

Easement: Yes or No

Flood Plain: Yes or No Health Permit: _____ Corp of Engineer: Yes or No EcoCat: Yes or No Family Split: Yes or No Subdivision

Plat Name: _____ Deed: _____ Ag Letter Yes or No Misc. Info:

Assessor approval of parcels to be combined Date: _____ Approved By: _____

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:

JAMI STASER

Clinton County Addressing
850 Fairfax St – Room 124
Carlyle, IL 62231
Phone #: 618-594-6631
Fax: (618) 594-6006
addressing@clintonco.illinois.gov

For flowage easement information,
please contact:

* **DOUG WASMUTH**

Natural Resource Specialist
801 Lake Rd.
Carlyle, IL. 62231
Phone: 618-594-2484
Fax: 618-594-8369
douglas.wasmuth@usace.army.mil

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.

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.

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