



**GENERAL INFORMATION
REGARDING APPLICATIONS FOR
TEXT/MAP AMENDMENTS**

The application for a map or text amendment, 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, or contact the Clinton County Clerk & Records 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.

Map Amendment recommendations:

- Location of the property.
- A map of the area that shows $\frac{1}{4}$ mile as well as $\frac{1}{2}$ mile radius from the property.
- 100 year flood hazard area.
- Are there livestock within $\frac{1}{4}$ mile of the property.

The Zoning Board of Appeals meets at 6:00 P.M. the first Wednesday of every month, unless noted otherwise.

Location: 810 Franklin Street, Carlyle, IL, County Board Room, (south of the courthouse) in the Clinton County Jail Building.

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

Within a reasonable time after the public hearing, the Board of Appeals shall submit an advisory report to the County Board. Said advisory report shall include recommendation regarding adoption or rejection of the proposed amendment.

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.

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# _____

RECOMMENDATION OF BOARD OF APPEALS: () DENIED () APPROVED () APPROVED WITH MODIFICATION _____

INSTRUCTIONS TO APPLICANTS: Map or Text Amendment as listed in Article IX Division V of the Zoning Ordinance. The County Board may amend this code in accordance with state law (55ILCS 5/5-12001) and the provisions of the Clinton County Code. Proposed alterations of district boundaries or proposed changes in the status of uses (permitted, special, prohibited) shall be deemed proposed amendments. The Board of Appeals shall hold a public hearing on every amendment proposal within a reasonable time after said proposal has been submitted to them. At the hearing any interested party (including any school district in which the property is located) may appear and testify, either in person or by duly authorized agent or attorney. All testimony shall be given under oath. The County Board shall act on every proposed amendment at their next regularly scheduled meeting.

A notice of the hearing indicating the time, date and place of the public hearing, and the nature of the proposed amendment shall be given no more than 30 nor less than 15 days before the hearing: By first class mail to the applicant and to all parties whose property is adjacent to the property that would be rezoned (in the case of rezoning); and by publication in a newspaper of general circulation within the County. 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 a proposed development will be in harmony with the general purpose and intent of the zoning ordinance. A hearing will be scheduled when all requested information is provided. Applicants are encouraged to visit, call or email the office of the Zoning Administrator (jami.staser@clintonco.illinois.gov) or (kay.thole@clintonco.illinois.gov) for any assistance needed in completing this form.

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) _____ PHONE #: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

4. AN AMENDMENT TO THE ZONING ORDINANCE IS REQUIRED AS FOLLOWS:

() A. AMENDMENT TO TEXT:

REASON FOR AMENDMENT:

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

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

Applicants

Signature: _____

Date: _____

Owner(s)

Signature: _____

Date: _____

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

Contractors

Signature: _____

Date: _____

**(Please provide maps of the area being rezoned)
Thank You!**

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**

*
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

LIVESTOCK AFFIDAVIT

Petitioner: _____

Address: _____

Email: _____

Phone: _____ Other #: _____

I (We) hereby certify that to the best of my (our) knowledge, the site that is subject of the above application is not within one-quarter mile (1,320') of a "livestock facility and/or livestock waste handling facility" with more than fifty (50) animal units pursuant to the *Illinois Livestock Management Facilities Act*.

I certify that the above statement is true and accurate.

Date: _____ Applicant Signature: _____

Date: _____ Owner (s) 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 Public Signature

My Commission Expires

(Seal)

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**



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: _____

Petitioner: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

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 provided with application
- Location map with proposed location highlighted provided with application
- 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: _____

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

Sign: _____ Date: _____

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

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

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

MUST BE FILED ON OR BEFORE NOON ON	HEARING DATE @ 6:00 P.M	COUNTY BOARD MEETING @ 7:00 P.M
December 7, 2022	January 4, 2023	January 17, 2023
January 4, 2023	February 1, 2023	February 21, 2023
February 1, 2023	March 1, 2023	March 20, 2023
March 1, 2023	April 5, 2023	April 17, 2023
April 5, 2023	May 3, 2023	May 15, 2023
May 3, 2023	June 7, 2023	June 19, 2023
June 7, 2023	July 5, 2023	July 18, 2023
July 5, 2023	August 2, 2023	August 21, 2023
August 2, 2023	September 6, 2023	September 18, 2023
September 6, 2023	October 4, 2023	October 16, 2023
October 4, 2023	November 1, 2023	November 20, 2023
November 1, 2023	December 6, 2023	December 18, 2023
December 6, 2023	January 3, 2023	January 16, 2023
January 3, 2024	February 7, 2024	February 20, 2024

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 March 20, 2023.

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 PERMIT-SURFACE MINING	\$0.02 per cubic yard (Acres X 43,560 X Max Depth of State Permit / 27 x \$0.02)
ZONING MAP AMENDMENT	\$360 for the first 10 acres; \$100 for each additional acres Plus cost of Certified mail to adjoining property owners
APPEAL	\$360. 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>