

**CLINTON COUNTY ZONING DEPARTMENT**

850 Fairfax St., Carlyle, IL 62231

Phone: (618) 594-6655

Fax: (618) 594-6006

[jami.staser@clintonco.illinois.gov](mailto:jami.staser@clintonco.illinois.gov) or [kay.thole@clintonco.illinois.gov](mailto:kay.thole@clintonco.illinois.gov)

**Residential Application**

**Office Use Only:**

Date: \_\_\_\_\_

Zoning Application No.: \_\_\_\_\_ Home: \_\_\_\_\_ Accessory \_\_\_\_\_ GovPay \_\_\_\_\_

Permanent Parcel No.: \_\_\_\_\_ Late \_\_\_\_\_ Total Fee: \_\_\_\_\_ Check #: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_ ATF – Var. – Special Use – Map Change – Month: \_\_\_\_\_

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street) (City)

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Parcel No. \_\_\_\_\_ Township: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street) (City)

Parcel # \_\_\_\_\_ Township \_\_\_\_\_ Subdivision: \_\_\_\_\_

**COMPLETE THIS SECTION ONLY FOR COMMERCIAL OR INDUSTRIAL USE**

COMMERCIAL: Description of proposed work	INDUSTRIAL: Description of proposed work

**All applicants must complete (What work will be completed)**

**Single Family Dwelling – (Basement -Finished- Unfinished, Walkout, Crawl, Slab) - Deck – Covered Patio – Porch Addition to existing Residence on (Crawl, Slab, Basement) Enclosed Sunroom Multi Family Dwelling – Duplex Manufactured OR Modular Home- (Single or Double – Block Foundation) – Deck – Covered Patio – Porch Swimming Pool (Above or In-ground) Carport - Lean To – Clubhouse – Pavilion - Gazebo Garage – Shed- Pole bldg.. (Portable or Detached) Any Bathrooms Yes/No Storage Container- Truck Trailer**

Size: \_\_\_\_\_ Total Sq. Ft: \_\_\_\_\_ Height: \_\_\_\_\_ Cost of structure: \$ \_\_\_\_\_  
Height of basement/crawl space walls: \_\_\_\_\_

Size: \_\_\_\_\_ Total Sq. Ft: \_\_\_\_\_ Height: \_\_\_\_\_ Cost of structure: \$ \_\_\_\_\_

**UTILITIES:** ( ) Public Sewers ( ) Clinton County Health Permit # \_\_\_\_\_

**POOL:** Plans on installing a fence (Yes) (No). Time line on installing the fence. \_\_\_\_\_ Contractor \_\_\_\_\_

If a Licensed Private Sewage Installer Contractor is needed, have you contacted the Health Department?  
( ) Yes ( ) No - Date contacted \_\_\_\_\_

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

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Signature: \_\_\_\_\_

**PRESENT USE OF PROPERTY: (PLEASE CIRCLE)**

Single Family – Duplex – Multi-Family – Vacant Tract – Agriculture \_\_\_\_\_  
Commercial (type) \_\_\_\_\_ Industrial (type) \_\_\_\_\_

**PROPOSED USE OF PROPERTY (PLEASE CIRCLE)**

Single Family – Duplex – Multi-Family – Vacant Tract – Agriculture \_\_\_\_\_  
Commercial (type) \_\_\_\_\_ Industrial (type) \_\_\_\_\_

**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

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.)**

**SITE PLAN INFORMATION**

**Any deviation, or actual distance, differing from this application does not conform with Clinton County 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 lot
- 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)
- Distance from Right-of-Way line from State Highway to proposed structure
- **NEW HOMES:** Please furnish an 8 x 11 copy of the floor plan with dimension of the house and garage.
- **Solar Panels-** Please show lateral fields on application.

**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, our office is unable to provide this information)

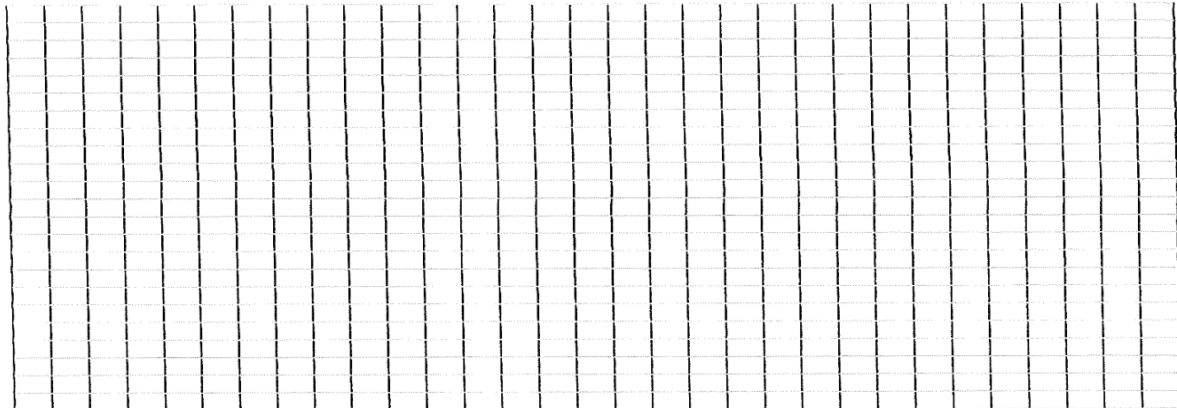
**THE OWNER IS ALSO RESPONSIBLE FOR FOLLOWING ANY COVENANT & RESTRICTION OF THE LOT OR SUBDIVISION IN QUESTION**

(Contact the County Clerk & Recorder’s Office 618-594-6620)

**PROVIDE A DRAWING BELOW OR ATTACH TO YOUR APPLICATION**

Fill free to use the GIS mapping @ <http://portico.mygisonline.com/html5/?viewer=clintonil.bv1-p1>, Google Earth or gram below for drawing your new structure.

**Please provide all setbacks on your drawing:** Front – Rear – Side – Centerline of road to structure.



**CLINTON COUNTY ZONING DEPARTMENT**

850 Fairfax St., Carlyle, IL 62231

Phone: (618) 594-6655

Fax: (618) 594-6006

[jami.staser@clintonco.illinois.gov](mailto:jami.staser@clintonco.illinois.gov) or [kay.thole@clintonco.illinois.gov](mailto:kay.thole@clintonco.illinois.gov)

**MUST READ**

Applicants are encouraged to visit, call or e-mail [jami.staser@clintonco.illinois.gov](mailto:jami.staser@clintonco.illinois.gov) or ([kay.thole@clintonco.illinois.gov](mailto:kay.thole@clintonco.illinois.gov)) for any assistance needed in completing this form or visit the Website: <https://www.clintonco.illinois.gov/county-offices/zoning/> 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)**

**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: \_\_\_\_\_

**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:

**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	\$0.10 per sq. ft. Min. fee: \$50.00	
Industrial	\$0.10 per sq. ft. Min. fee: \$50.00	
Mobile/ Manufactured Homes	\$0.13 per sq. ft. Minimum fee \$50.00	
Accessory Uses & Home Occupation:	Under 500 sq. ft. \$25.00 501sq. ft. and over \$50.00 Additional \$0.08 per sq. ft. over 1000 sq. ft.	
Communication Towers:	\$30.00 per ft. of tower height	
Commercial Solar (Farms)	\$0.10 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**

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

**OFFICE USE ONLY**

**Zoning District:** \_\_\_\_\_ **Required Setbacks:** Front – Rear – Side - Center of Rd \_\_\_\_\_

**Height of Structure:** \_\_\_\_\_ **Flowage Easement:** Yes / No \_\_\_\_\_ **Flood Plain:** Yes / No \_\_\_\_\_

**Health Permit:** Yes / No \_\_\_\_\_ **Corp of Engineer:** Yes / No \_\_\_\_\_ **EcoCat:** Yes / No \_\_\_\_\_

**Assessor approval of parcels to be combined Date:** \_\_\_\_\_ **Approved by:** \_\_\_\_\_

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_ Emailed: \_\_\_\_\_ Mailed: \_\_\_\_\_ Handout @ Meeting \_\_\_\_\_ By: \_\_\_\_\_

**CLINTON COUNTY ZONING DEPARTMENT**

850 Fairfax St., Carlyle, IL 62231

Phone: (618) 594-6655

Fax: (618) 594-6006

[jami.staser@clintonco.illinois.gov](mailto:jami.staser@clintonco.illinois.gov) or [kay.thole@clintonco.illinois.gov](mailto:kay.thole@clintonco.illinois.gov)

**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](mailto:environmentalhealth@clintonco.illinois.gov)

*A private Sewage Application and Informational Packet can be downloaded on the Clinton County Health Departments website:*

[www.clintoncountyhealth.com](http://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

Email: [addressing@clintonco.illinois.gov](mailto:addressing@clintonco.illinois.gov)

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](mailto:jami.staser@clintonco.illinois.gov) or [kay.thole@clintonco.illinois.gov](mailto:kay.thole@clintonco.illinois.gov) or mailed to the Zoning Office.

**LOT SIZE, SETBACK AND HEIGHT RESTRICTIONS BY DISTRICT SECTION 40-3-6**

<b>DISTRICTS</b>	<b>"A"</b>	<b>"AR"</b>	<b>"R1"</b>	<b>"R2"</b>	<b>"R3"</b>	<b>"C"</b>	<b>"I"</b>
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 <b>SETBACKS</b> 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.