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**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](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.

**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:**

**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**

**( ) B. AMENDMENT TO MAP:**

It is requested that property described below and shown on the attached site plan be rezoned from: \_\_\_\_\_ to \_\_\_\_\_

**LEGAL DESCRIPTION** (Lot, block & subdivision or metes and bounds): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REASON FOR AMENDMENT:** \_\_\_\_\_

**PRESENT USE OF PROPERTY:** \_\_\_\_\_ **SUBDIVISION NAME:** \_\_\_\_\_  
 (Industrial, residential, commercial, etc.)

**PROPOSED USE OF PROPERTY:** \_\_\_\_\_

5. Names and addresses of adjacent property owners and present use of property: **Also, name of municipalities within 1 1/2 miles of land where proposed amendment is being requested.**

NAME	ADDRESS	PRESENT USE

**Municipality within 1 1/2 miles:** \_\_\_\_\_

**Please list the Township Road Commissioner if applicable:** \_\_\_\_\_

9. Is any part of the lot or tract of land, where the proposed amendment 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?

**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.

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County of Clinton )

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(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

<b>ADJACENT LAND OWNER</b>	<b>ADJACENT LAND OWNER</b>	<b>ADJACENT LAND OWNER</b>
<b>ADJACENT LAND OWNER</b>	<b>LOT OR TRACT IN QUESTION</b>	<b>ADJACENT LAND OWNER</b>
<b>ADJACENT LAND OWNER</b>	<b>ADJACENT LAND OWNER</b>	<b>ADJACENT LAND OWNER</b>

**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 4<sup>th</sup> 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: \_\_\_\_\_

Please check this box if you would like to receive an email 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 highlighted
- 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): \_\_\_\_\_

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 4<sup>th</sup> St

Breese, IL 62230

[clintoncoswcd@gmail.com](mailto:clintoncoswcd@gmail.com)

Phone: (618) 526-7815 Ext. 3





<b>MUST BE FILED ON OR BEFORE NOON ON</b>	<b>HEARING DATE @ 6:00 P.M</b>	<b>COUNTY BOARD MEETING @ 7:00 P.M</b>
December 6, 2023	January 3, 2024	January 16, 2024
January 3, 2024	February 7, 2024	February 20, 2024
February 7, 2024	March 6, 2024	March 18, 2024
March 6, 2024	April 3, 2024	April 15, 2024
April 3, 2024	May 1, 2024	May 20, 2024
May 1, 2024	June 5, 2024	June 17, 2024
June 5, 2024	July 3, 2024	July 22, 2024
July 3, 2024	August 7, 2024	August 19, 2024
August 7, 2024	September 4, 2024	September 16, 2024
September 4, 2024	October 2, 2024	October 21, 2024
October 2, 2024	November 6, 2024	November 18, 2024
November 6, 2024	December 4, 2024	December 16, 2024
December 4, 2024	January 2, 2025	January 21, 2025
January 2, 2025	February 5, 2025	February 18, 2025

**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:

<b>SPECIAL USE PERMIT</b>	\$360 for the first 10 acres; \$100. For each additional acres. Plus cost of Certified mail to adjoining property owners.
<b>SPECIAL USE PERMIT-SURFACE MINING</b>	\$0.02 per cubic yard (Acres X 43,560 X Max Depth of State Permit / 27 x \$0.02)
<b>ZONING MAP AMENDMENT</b>	\$360 for the first 10 acres; \$100 for each additional acres Plus cost of Certified mail to adjoining property owners
<b>APPEAL</b>	\$360. Plus the cost of certified mail to adjoining property owners.
<b>VARIANCE</b>	\$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/cvg/plc/a003tm>