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

Residential Application

Office Use Only: Date: _____
Zoning Application No.:_____ Home:_____ Accessory:: _____Gov Pay /Check
Permanent Parcel No.:_____ Late:_____ Total Fee: _____ Gov Pay /Check
Zoning Classification: _____ ATF – Var. – Special Use – Map Change – Month:_____

Applicants Current Information

Full Name: _____ Address: _____
First Last (Street) (City)

Phone #: _____ Email: _____

Parcel No._____-_____-_____-_____-_____ Township:_____

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

Full Name: _____ Address: _____

Parcel # _____-_____-_____-_____-_____-____
Township_____ Subdivision: _____

All applicants must complete (What work will be completed)

New construction _____ Addition ____ Reused materials _____ Relocating Structure _____

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: _____ Finished floor sq. ft. _____ Garage sq. ft. _____ Basement sq. ft. _____
Second Floor Sq. ft. _____ Height: _____Cost of structure: $ _____

Height of basement/crawl space walls: _____

Accessory Use(s)

Size: _____ Total Sq. Ft: _____ Height: _____Cost of structure: $ _____

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: _____

COMPLETE THIS SECTION ONLY FOR COMMERCIAL OR INDUSTRIAL USE

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

ZONING LOT INFORMATION

Existing zoning use(s) Single Family – Duplex – Multi-Family – Vacant Tract – Agriculture ____
Commercial (type) _____ Industrial (type) _____

Proposed zoning use(s) 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 and dimensions of lot**
- **Distances from proposed structure.**
- Front setback ____ Rear setback_____ Left setback _____ Right setback___
- **Distance from the 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 also 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)

PROVIDE A DRAWING & ATTACH TO 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.

Must provide all setbacks on your drawing:

Front _____ Rear _____ Left side ____ Right side_____
Centerline of road to structure _____

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MUST READ

Applicants are encouraged to visit, call or e-mail jami.staser@clintonco.illinois.gov) or (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)
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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 December 16, 2024
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	$0.135 per sq. ft. Min. fee: $50.00	(Home additions & Clubhouses, living area excluding unless finished basement & garage)
Commercial	$0.12 per sq. ft. Min. fee: $50.00	
Industrial	$0.12 per sq. ft. Min. fee: $50.00	
Mobile/ Manufactured Homes	$0.135 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:	$36.00 per ft. of tower	
Commercial Solar (Farms)	$0.12 Per sq. ft. of permitted property area	
Late Filing fee	Residential, Commercial & Industrial late fee is doubled. Agricultural late fee is $.027 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/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: _____

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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:

Environmental Health Programs Manager
Clinton County Health Department
930 A Fairfax St.
Carlyle, IL 62231
Phone (618) 594-0324
Fax (618) 594-5474
Email: health@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:

ALEX WINNER
Natural Resource Specialist
801 Lake Rd.
Carlyle, IL. 62231
Phone: 618-594-2484
Fax: 618-594-8369
Alex.J.Winner@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 40-3-6, 40-3-14 & 40-4-82)

Every lot or the principal structure thereon (as the case may be) shall restrictions for the particular district in which said lot/principal structure is located. comply with the minimum lot size, minimum setbacks, and maximum height.

Restrictions	**"A"**	**"A-R"**	**"A-R 10"**	**"R-1"**	**"R-2"**	**"R-3"**	**"R-3-Overlay"**	**"C"**	**"I"**
(a) Minimum District Area	40 acres	10 acres	10 acres	10 acres	10 acres	10 acres	10 acres	2 acres	10 acres
(b) Minimum Lot Area	40 acres	3 acres More Homes	10 acres (1 Home)	1 acre	10,000* sq. ft	7,500* sq. ft.	7,500* sq. ft.	6,000* sq. ft.	20,000* sq. ft.
(c) Minimum Lot Width	800 ft.	150 ft.	150 ft.	100 ft.	75 ft.	50 ft.	50 ft.	50 ft.	125 ft.
(d) Minimum Lot Depth	800 ft.	150 ft.	150 ft.	100 ft.	100 ft.	100 ft.	100 ft.	100 ft.	150 ft.
(e) Minimum Setbacks **1**. From front lot line: (except along county roads outside the incorporated limits of any city, village or areas) incorporated town, the minimum setback shall be 100 feet from the centerline of the road, and township roads the minimum setback shall be 75 ft. from the centerline of the road.) Also, except 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.	50 ft.**	25 ft.	25 ft.	10 ft	None (only applies to incorporated areas)	50 ft.
2. From side lot line:	25 ft.	25 ft.	25 ft.	25 ft.**	10 ft. Dwelling 7ft. Accessory	10 ft. Dwelling 7ft. Accessory	10 ft. Dwelling 3 ft. **or** 1/3 height of wall Accessory	None	25 ft.
3. From rear lot line:	25 ft.	25 ft.	25 ft.	25 ft.**	10 ft. Dwelling 7ft. Accessory	10 ft. Dwelling 7ft. Accessory	10 ft. Dwelling 3 ft. **or** 1/3 height of wall Accessory	None	25 ft.
(f) Maximum Structure Height	None	35 ft.	35 ft.	35 ft. Dwelling 25 ft Accessory	35 ft. Dwelling 25 ft Accessory	35 ft. Dwelling 25 ft Accessory	35 ft Dwelling 25 ft Accessory	35 ft.	None

- **Subdivisions existing prior to the adoption of this Code, on January 1, 1991, shall use the minimum setback requirements as established for the "R-2" District.
- The above restrictions are for the particular district in which said lot/principal structure is located.