



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

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**GENERAL INFORMATION  
REGARDING APPLICATIONS FOR  
SPECIAL USES**

The application for a map amendment, special use permit or variance 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 12:00pm 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 and Recorders 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.

The Zoning Board of Appeals meets at 6:00 P.M. the first Wednesday of every month, unless noted otherwise. The Zoning Board of Appeals hearings are held in the County Board Room in the County Jail Building (south of the Courthouse) at 810 Franklin Street, Carlyle, IL.

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

**STANDARDS FOR SPECIAL USE**

Members of the Board of Appeals must find the proposed Special Use complies with the required standards listed below. All applicants may be asked to explain why the special use should be approved; however, the criteria for determining the acceptability of Special Use shall not be limited to the following standards:

1. Whether the proposed design, location, development and operation of the proposed Special Use will adequately protect the public health, safety and welfare and the physical environment
2. Whether the proposed Special Use is consistent with the County's comprehensive plan
3. The effect the proposed Special Use may have on the value of the neighboring property and on the County's overall tax base
4. The availability and the effect of the proposed Special Use would have on public utilities and on traffic circulation on nearby streets
5. Whether there are any facilities near the proposed Special Use (such as schools or hospitals) that require special consideration
6. Whether the proposed Special Use is compatible to adjacent uses and uses in the general vicinity
7. The time period for which the Special Use Permit should be granted or any special requirement for certification of continued compliance with the terms of approval.

**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.**



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**REQUEST FOR A SPECIAL USE PERMIT**

SPECIAL USE 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  
PERMIT ON FILE IN THE OFFICE: YES OR NO

**INSTRUCTIONS TO APPLICANTS:** A Special Use Permit development listed in Article IV Section 40-4-3, 40-4-13, 40-4-23, 40-4-33, 40-4-48, 40-4-64 of the Zoning Ordinance which have been designated "special use". These may be public service uses which, although generally considered desirable or compatible with uses in the zone district in which they may be permitted, require special review. This is performed by the Zoning Board of Appeals at a public hearing.  
A notice of the hearing must be published in a newspaper of general circulation in the local area at least 15 days prior to the hearing. The applicant will be notified by mail of the time and place of the hearing at least 15 days prior to the hearing date.  
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 the proposed development will be in harmony with the general purpose and intent of the zoning ordinance.  
All information requested below, a site plan as described on the attached sheet, and a development schedule provided reasonable guarantees for the completion of the construction must be provided before a hearing will be scheduled. Applicants are encouraged to visit, call or email ([jami.staser@clintonco.illinois.gov](mailto:jami.staser@clintonco.illinois.gov)) the office of the Zoning Administrator or ([kay.thole@clintonco.illinois.gov](mailto:kay.thole@clintonco.illinois.gov)) for any assistance needed in completing this form. Website: <http://www.clintoncountyzoning.com/>

1. NAME OF APPLICANT(S): \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

E-MAIL ADDRESS: \_\_\_\_\_

2. NAME OF OWNER(S): (only if other than applicant): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(attach additional sheets if necessary)

PHONE: \_\_\_\_\_

3. LOCATION OF PROPERTY: (if different from above)

\_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

SUBDIVISION NAME: \_\_\_\_\_

LEGAL DESCRIPTION (This is located on the deed to your property):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. PRESENT USE OF PROPERTY: \_\_\_\_\_ (industrial, residential, commercial, etc)



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**5. TYPE OF DEVELOPMENT FOR WHICH SPECIAL PERMIT IS REQUESTED:**

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A. **NATURE OF SPECIAL USE, INCLUDING TYPE OF ACTIVITY, MANNER OF OPERATION, NUMBER OF OCCUPANTS OR EMPLOYEES, AND SIMILAR MATTERS** (specify):

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B. **PLANNED UNIT DEVELOPMENT:** ( ) SINGLE FAMILY ( ) MULTI-FAMILY ( ) COMMERCIAL ( ) INDUSTRIAL ( ) OTHER: \_\_\_\_\_

6. **DEVELOPMENT SCHEDULE:** (a development schedule shall be attached to this application providing reasonable guarantees for the completion of the proposed development) \_\_\_\_\_

7. 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 special use is being requested.

NAME	ADDRESS	PRESENT USE OF PROPERTY

**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 Special Use is to take place in a known flood plain based on the Flood Hazard Boundary Map or Carlyle Lake Flowage Easement Area? **YES or NO**

(If you answer yes to the above, more information will be needed before issuing a building permit)



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**SITE PLAN INFORMATION REQUIRED**

You will need to provide a drawing of your lot showing the following: (may use Assessors GIS mapping or Google Earth)

- Property Lines & Dimensions of Lot \_\_\_\_\_
- Distances from proposed structure, front, side & rear lot lines \_\_\_\_\_
- Centerline of County or Township Road to proposed structure \_\_\_\_\_
- Distance from Right-of-way line from State Highway to proposed structure \_\_\_\_\_
- Building **Height**- from ground to peak \_\_\_\_\_
- Number and size of proposed dwelling units \_\_\_\_\_
- Location of number of proposed parking/loading spaces and access ways \_\_\_\_\_
- Identification and location of all existing or proposed utilities, whether public or private

**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.

(Any deviation, or actual distance, differing from this application does not conform with Clinton County Code- May result in fines & penalties, a "STOP WORK ORDER" & correction action as outlined in 40-8-6 & 40-8-10)

**PROVIDE A DRAWING BELOW OR ON THE BACK OF THIS FORM**

**Please provide all setbacks on your drawing:** Front – Rear – Side – Centerline of road to structure. Location of the proposed use or structure, including area and dimensions of the site for the proposed structure or use. The following sites are helpful with sketch of new structure: Google Earth <http://portico.mygisonline.com/html5/?viewer=clintonil.bv1-p1>



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**Disclaimer and Signatures**

I certify that all the information and statements contained in any papers or plans submitted here within are true and accurate. I consent to the entry in or upon the premises described in this application by any authorized official of Clinton County for the purpose of inspecting, or of posting, maintaining and resolving such notices as may be required by law and agree to pay all fees associated with the filing, hearing and certificate of zoning compliance.

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

**APPLICANTS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OWNER (S) (If not the same as above):** \_\_\_\_\_ **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

**CONTRACTORS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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**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)



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## SAMPLE OF ADJACENT LANDOWNERS

THE APPLICANT IS RESPONSIBLE FOR THE LIST OF NAMES AND ADDRESSES OF ADJACENT LANDOWNERS

INCLUDING PROPERTIES ACROSS A ROAD MUST ALSO RECEIVE NOTIFICATION

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<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>



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**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](mailto: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:

\_\_\_\_\_  
\_\_\_\_\_





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**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 4<sup>th</sup> St  
Breese, IL 62230  
[clintoncoswed@gmail.com](mailto:clintoncoswed@gmail.com)  
Phone: (618) 526-7815 Ext. 3



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<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 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, 2024	January 16, 2024
January 3, 2024	February 7, 2024	February 20, 2024



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**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:

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/cyg/plc/a003tm>