

Menard County Zoning Office  
102 S 7<sup>th</sup> ST  
Petersburg, IL 62675  
Phone # (217) 632-5123  
Office Hours: 8:30 a.m. to 4:30 p.m. (Please call for an appointment)

Date \_\_\_\_\_

Permit # \_\_\_\_\_

Name \_\_\_\_\_

Plans Y\_\_\_N\_\_\_

## **MENARD COUNTY ZONING PERMIT APPLICATION**

### **(PLEASE READ BEFORE PROCEEDING WITH APPLICATION)**

If property is located in the FEMA-designated floodplain, the Menard County Floodplain Ordinance regulations will apply and you should consult with the Zoning Office before proceeding with this application. In some cases, if a subdivision/split of property is involved, the Menard County Subdivision Ordinance regulations may apply and you should consult with the Zoning Office before proceeding with this application. IN ALL CASES, zoning regulations (e.g., setback requirements) should be known for the subject property before proceeding with this application.

The purpose of this building permit is to enforce the Zoning Ordinance of Menard County. Other ordinances or covenants may be in effect upon your property. It is not the responsibility of this office to enforce ordinances outside of its jurisdiction; any applicable Federal, State or other regulatory agency regulations; Menard County Road District regulations (e.g., culvert installation/driveway siting); deed restrictions; subdivision/homeowner association/architectural control committee covenants, etc. This office reserves the right to require proof that such consultation has occurred, before issuing a permit, so as to alleviate potential conflicts.

If a well and/or septic permit is required, no permit will be issued until such time that this office has been provided a copy of the well and/or septic permit. Please contact the Sangamon County Health Department to obtain a septic permit at:

2833 South Grand Avenue East, Springfield, Illinois 62703  
(217) 535-3145

If a 911 address is required, please contact the 911 Coordinator at (217) 725-3120 or E-mail at [911coordinator@co.menard.il.us](mailto:911coordinator@co.menard.il.us).

If a permit is issued, you will be provided a Certificate of Completion & Conformance. Please remember that this sheet MUST be returned to the Zoning Officer prior to occupancy of a structure.

Thank You for Your Cooperation  
Menard County Zoning

**PROPERTY INFORMATION (To be filled out by Zoning Office after consultation with property owner/applicant):**

\*PROPERTY IDENTIFICATION NUMBER \_\_\_\_\_

\*LEGAL DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*PRINCIPAL USE OF PROPERTY \_\_\_\_\_

\*ZONING DISTRICT: AG RR R1 R3 B1 B2 M1 PL

\*IS PROPERTY IN A FLOODPLAIN? YES NO

\*DOES PARCEL, USE OR STRUCTURE QUALIFY AS A LEGAL NON-CONFORMITY? YES NO

If yes, describe \_\_\_\_\_

**\*MINIMUM REQUIRED SETBACKS & MAXIMUM STRUCTURE/BUILDING HEIGHT, FOR YOUR PROPERTY & ZONING DISTRICT, ARE AS FOLLOWS:**

FRONT	_____	measured from	RIGHT-OF-WAY LINE
			Or
SIDES	_____		CENTER OF ROAD
REAR	_____		
HEIGHT	_____		

NOTES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT INFORMATION (To be filled out by Property Owner/Applicant):**

\*PROPERTY OWNER:

\*APPLICANT (IF DIFFERENT):

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE #s \_\_\_\_\_

PHONE #s \_\_\_\_\_

E-MAIL \_\_\_\_\_

E-MAIL \_\_\_\_\_

\*COMMON ADDRESS OF PROPERTY WHERE STRUCTURE IS TO BE BUILT/ERECTED (IF DIFFERENT FROM ABOVE)

\_\_\_\_\_

\*Please provide a list of existing accessory buildings (garage, pole barn, etc.) and each building's square footage.

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

\*The purpose of this building permit would be to:

\_\_\_\_\_ Build a new structure (continue to New Structure)

\_\_\_\_\_ Modify an existing structure (continue to Existing Structure)

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**NEW STRUCTURE**

\*I want to construct:

\_\_\_\_\_ House

\_\_\_\_\_ Machine Shed

\_\_\_\_\_ Modular Home

\_\_\_\_\_ Storage Shed

\_\_\_\_\_ Mobile Home

\_\_\_\_\_ Deck

\_\_\_\_\_ Garage

\_\_\_\_\_ Other \_\_\_\_\_

\*The dimensions of each building will be (please include height):

House	_____	Machine Shed	_____
Modular Home	_____	Storage Shed	_____
Mobile Home	_____	Deck	_____
Garage	_____	Other	_____

\*For a new house, modular home, or mobile home:

\_\_\_\_\_ Frame or \_\_\_\_\_ Brick

\_\_\_\_\_ 1-story \_\_\_\_\_ 1 ½ -story \_\_\_\_\_ 2-story \_\_\_\_\_ bi-level \_\_\_\_\_ tri-level

Number of Bathrooms \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_

Number of Fireplaces \_\_\_\_\_ Type of Fireplaces \_\_\_\_\_

Type of Heat \_\_\_\_\_ Central Air? YES NO

Square Footage of Basement or Lower Level \_\_\_\_\_

Is Basement FULL CRAWL SLAB

Is Basement FINISHED UNFINISHED

Is Garage ATTACHED DETACHED

*A full set of plans is required for any new structure. Please attach to application.*

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\*For Barns, Sheds, or Outbuildings:

Building Height	_____	Floor Type	_____
Electricity(Y/N)	_____	Water(Y/N)	_____

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**EXISTING STRUCTURE**

I want to modify the following existing structure:

\_\_\_\_\_ House (Room Addition or Sunroom)

\_\_\_\_\_ Deck

\_\_\_\_\_ Dock

\_\_\_\_\_ Other (Please provide a description): \_\_\_\_\_

The dimensions of the modification are as follows (please include height):

House (Room Addition or Sunroom)	_____	Dock	_____
Deck	_____	Other	_____

Please provide a sketch of your property/parcel showing existing structures (if applicable) and proposed structure(s) with the dimensions of each structure. Please show measured setbacks/distances from a proposed structure(s) building line to each property line or center of road, representing minimum setback requirements are being met. Please show driveways and parking areas.

**NORTH**

**WEST**

**EAST**

**SOUTH**

The total estimated cost of ALL the proposed construction will be \$\_\_\_\_\_

Schedule of Fees:

*§14.01 SCHEDULE OF FEES. An application for an appeal, variation, district amendment, text amendment, special use, zoning permit or occupancy permit other than those initiated by or at the direction of the County Commissioners shall be accompanied by the appropriated following fee:*

<i>Appeals</i>	<i>\$250.00</i>
<i>Variations</i>	<i>\$250.00</i>
<i>Zoning District Amendments</i>	<i>\$250.00</i>
<i>Zoning Text Amendments</i>	<i>\$250.00</i>
<i>Special Use Permits</i>	<i>\$250.00</i>

*Zoning Permit:*

*a. Buildings/Structures, as follows:*

<i>Less than Fifty (50) square ft.</i>	<i>\$40</i>
<i>Fifty (50) square feet or more</i>	<i>\$40 plus \$0.10 per additional square foot</i>
<i>New Dwelling Construction</i>	<i>\$200 plus \$0.05 per square foot, per floor area and including attached private garage square footage</i>
<i>Swimming Pool, above-ground or in-ground</i>	<i>\$50</i>
<i>Signs, when fee required</i>	<i>\$40 plus \$0.10 per additional square foot of signable area greater than sixty-four (64) square feet</i>
<i>Fence or Retaining Wall</i>	<i>\$40 plus \$0.10 per linear feet of fence/wall</i>
<i>Private WECS</i>	<i>\$5 per foot of WECS tower height, per tower</i>
<i>Telecommunications Tower</i>	<i>\$10 per foot of telecommunications tower height, per tower</i>

*b. Buildings/Structures for agricultural purposes \$0*

<i>Occupancy Permit</i>	<i>NONE</i>
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*The applicant shall also be required to pay all publication costs, the costs of the preparation of any required transcript or record and certified mail costs incurred by the County in providing courtesy notices under this code.*

Fee (To be filled in by Zoning Office) \$ \_\_\_\_\_  
(Checks Payable to "Menard County Zoning")

I, the undersigned, affirm that all the information provided in this application is complete and accurate and that my responses are forthright and truthful. I understand that should any information in this application be found to be inaccurate, I may be prevented from completing the proposed changes or additions, I may be required to remove changes or additions already made, and I may be subject to further penalties as provided for in the Menard County Zoning Ordinance. I further recognize that by signing this application, I am authorizing the Menard County Zoning Administrator or a representative of the Menard County Zoning Administrator to have access to the property described in this application for the purpose of inspecting the proposed change(s).

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**\*For mobile or manufactured homes only.** I, the undersigned, affirm that I have read Section 6.13 "Mobile and Manufactured Home Regulations" and agree that my application to place a mobile and/or manufactured home in Menard County, Illinois meets said regulations (e.g., mobile home will be properly attached to and resting in whole on a permanent, perimeter foundation).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

(Zoning Office Only):

Permit: Approved    Denied

Permit # \_\_\_\_\_

\_\_\_\_\_  
Signature of Zoning Administrator

\_\_\_\_\_  
Date Issued

(PERMIT APPLICATION REVISED 2017)