

Shelby County Zoning
315 1/2 East Main St.
Shelbyville, IL 62565
217-774-5797
Email: shelbyzoning@shelbycounty-il.gov

Instructions to Applicants: All information requested below must be provided before any permits will be issued. Applicants are encouraged to contact the office of the Zoning Administrator for any assistance needed in completing this form.

Name: _____ Phone: _____

Email: _____ Contact Preference:
Phone _____ Email _____

Current mailing address: _____

Location of Proposed Construction

Same as mailing Address or Address: _____ Section: _____

Township: _____ Parcel Number: _____

Proposed Improvement:

New Residence

Mobile Home

Accessory Building

Commercial

Addition or Alteration

Details: _____

Other

Explain: _____

Is the proposed improvement for agricultural purposes? Yes No

Is the proposed improvement going to be on a permanent foundation? Yes No

Is the proposed improvement located in a flood plain district? Yes No

Square Feet of Structure: _____

Estimated Construction Cost: _____

- Private Sewer
- or
- Public Sewer

Present Use of Property:

- Vacant Lot
- Single Family
- Multi-Family; Number of Units _____
- Business
- Industrial
- Other: _____

Sewer Permit # _____

This number is required if there will be a new sewer system installed and must be received before any permit can be issued. A sewer permit can be obtained from the Shelby County Health Department at 1700 W. South 3rd Street, Shelbyville, Illinois. Phone # 217-774-9555.

Fee Schedule:

New Residence	\$175
Residential Addition	\$125
Accessory Building	\$125
New Commercial Building	\$500
Commercial Accessory Building	\$250
Commercial Addition	\$250
Communication Towers	\$500
per foot over 50 feet	+\$15

The Fee for a building permit shall be collected upon receipt of application

Application is hereby made for a Certificate of Zoning Compliance – Building Permit, as required under the Zoning Ordinance for the erection, placement, or alteration, and use of buildings and premises. In making this application the applicant represents all 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 undersigned 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 Shelby County.

Date: _____

Applicant(s): _____

A site plan must be attached or hand drawn on the next page at a scale large enough for clarity showing the following information:

- A. Location and dimensions of: Lot, building, driveways, and off-street parking spaces.
- B. Distance between: Buildings and front, side and rear lots lines; Principal building and accessory buildings; Principal building and principal buildings on adjacent lots.
- C. Location of: Signs, easements, underground utilities, septic tanks, tile fields, water wells, etc.
- D. Any additional information as may reasonably be required by Zoning Administrator and applicable sections of the Zoning Ordinance.

Scale: 1" _____



<u>Setbacks</u>	<u>Agriculture</u>	<u>Single Family</u>	<u>Rural Residential</u>	<u>Business</u>
Minimum Frontage				
• County Road	40	40	40	40
• Collector Street	30	30	30	30
• Unincorporated village Street	25	25	25	25
Minimum Side Yard	15	6	20	5
Minimum Rear Yard	20	20	40	20
Max Building Height	35	35	35	75
Side Yard for Accessory	10	3	3	PG41
Rear Yard for Accessory	20	20	20	15
Minimum Lot Width	100	60	300	50
Minimum Sq Footage	900	900	900	900

Application Approval

The plans and specifications submitted with this application are in conformity with the zone district requirements applicable to the subject property. Changes in plans or specifications shall not be made without written approval of the appropriate County officials. Failure to comply with the above shall constitute a violation of the provisions of the Zoning Ordinance. This permit shall be a final permit when signed by the Building Inspector or Zoning Administrator after a required final inspection.

Permanent Parcel Number: _____ Current Zoning _____

Fee: _____ Fee Paid Date: _____

Application Approved () YES () No

Permit Approval Number: _____

Zoning Administrator: _____ Date: _____

Certificate of Occupancy

The final inspection of the premises having been made and compliance with the original building permit and other County Zoning regulations having been indicated, the premise is hereby approved for occupancy in accordance with the Zoning of Shelby County.

Zoning Administrator: _____ Date: _____