

# **Shelby County Zoning Office**

315 ½ East Main Street Shelbyville, IL 62565 Phone: (217) 294-3876

Email: Shelbyzoning@shelbycounty-il.gov Website: www.shelbycounty-il.gov



# **Residential Ground Mounted Solar**

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

## **Contact Information**

Name of Applicant:		Phone:		
			Contact Preference	
Email:			Phone ()	Email ()
Current mailing address of Applican	nt:			
	<u>If differer</u>	nt from Applicant:		
Name of Landowner:		Phone:		
			I	reference
Email:			Phone ()	Email ()
Current mailing address of Landown				
L Township:		posed Site Constructi  Secti	on:	
Parcel Number:				
Please indicate your current electric	cal supplier.			
() Shelby Electric (_	_) Ameren	() Other:		

### **Application Requirements**

1. The following information shall be provided in a separate document to the Zoning Administrator before	
approval.	
a. Project summary: A site plan, including the general location, quantity, and spacing of solar panels.	
b. Existing property lines, and property lines extending 150 feet from the exterior boundaries, including the names of adjacent property owners.	
c. The maximum generating capacity of the installation.	
d. Maximum height.	
e. Public, private, and proposed access roads, showing widths of the roads and any associated easements.	
f. Existing buildings and any impervious surfaces.	
g. Waterways, watercourses, lakes, and public water wetlands including any delineated wetland boundaries.	
h. Planned location of underground and/or overhead electric lines connecting the solar farm to a building, substation, or other electric load.	
i. The manufacturer of the Solar Energy Conversion System and contact information.	
j. A description of the method of connecting the solar array to a building or substation.	
k. Location of any underground Pipelines within 500 feet of the facility.	
By signing below, the Applicant:	
Attests that all information given and any attached maps and drawings to be a true description for the proposed new or alter installation.	ed
Agrees to all terms and conditions herein provided.	
Agrees that the permit issued may be revoked without notice on any breach of representation or conditions.	
Agrees that all Solar Energy Conversion Systems shall be considered permanent structures.	
Understands 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 of Shelby County, any other regulations.	lations
Date: Applicant(s):	_

Applicant(s):

## **Application Approval**

The plans and specifications submitted with this application are in conformity with the Zoning Ordinance of Shelby County. 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 Zoning Administrator after a required final inspection.

Permanent Parcel Number:	Current Zoning
Fee:	Fee paid date:
Application Approved ( ) YES ( ) NO	
Permit Approval Number:	
Date:	
Zoning Administrator:	
<u>Certifi</u>	cate of Occupancy
<u> </u>	n made and compliance with the original building permit an idicated, the premise is hereby approved for occupancy in
Zoning Administrator	Date