



Fulton County Zoning & Community Development

257 West Lincoln Street
 Lewistown, IL 61542
 (309) 547-0902 zoning@fultonco.org

Hours: Monday – Friday (8:00 a.m. to 4:00 p.m.)

Petition for Zoning Action

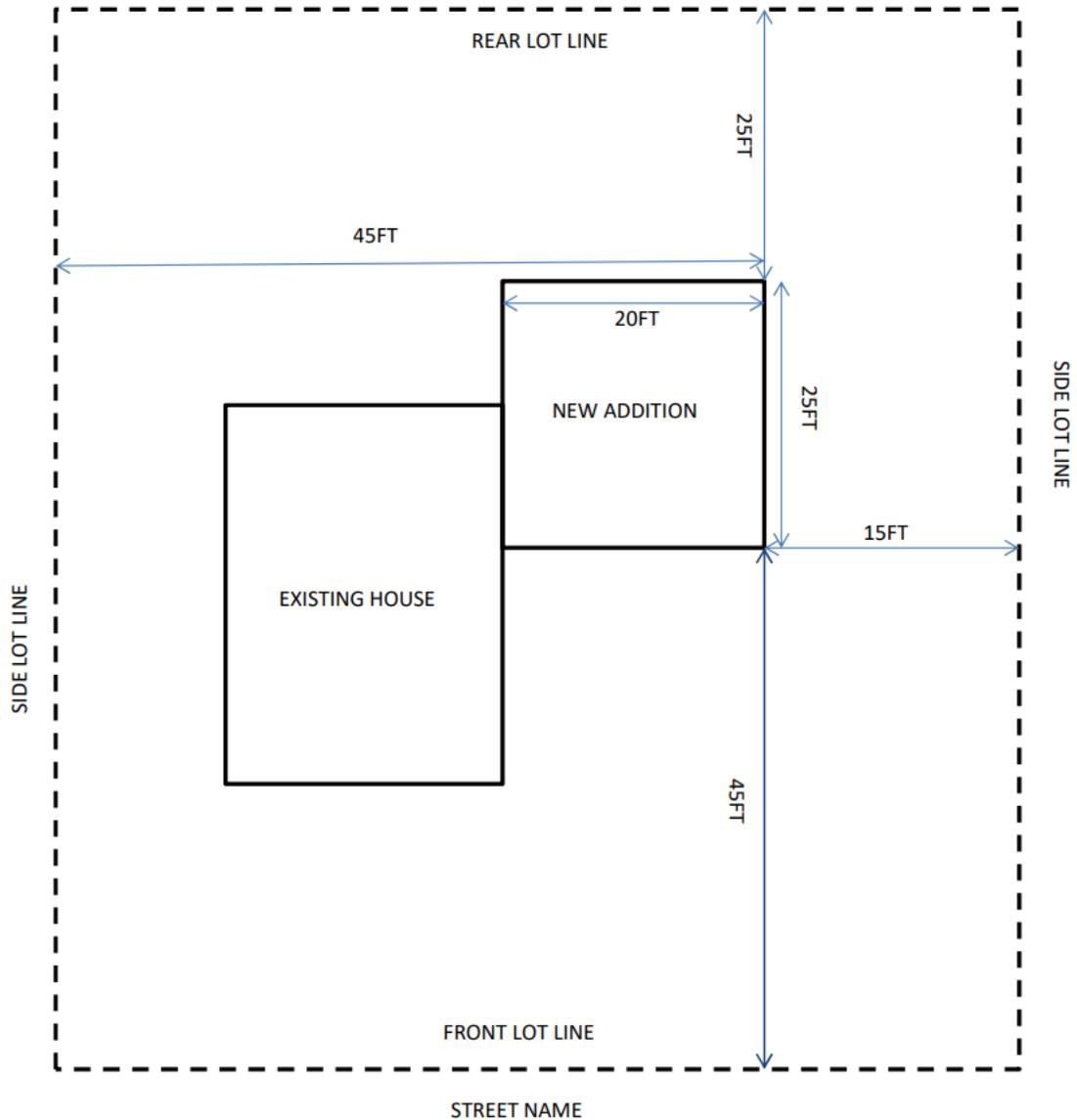
(Application for Special Use, Conditional Use, Variance or Rezoning)

Petitioner & Owner Information						
<u>Petitioner</u>						
Address						
City		State		Zip		
Telephone		Email				
<u>Owner</u>						
Address						
City		State		Zip		
Telephone		Email				
<u>Site Information:</u>						
Parcel Number - - - - - GPS: _____						
911 Address	Street Address:					
	City:		State:		Zip:	
Legal Description						
Current Zoning	<input type="checkbox"/> AC	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> B	<input type="checkbox"/> I	
Change to:	<input type="checkbox"/> AC	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> B	<input type="checkbox"/> I	
Request for: <i>See definition sheet</i>	<input type="checkbox"/> Variance	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Special Home Occ.	<input type="checkbox"/> Exception to Ordinance	<input type="checkbox"/> Rezoning	
<i>AC-Agricultural Conservation District</i>			<i>B-Business District</i>			
<i>R1-Residential 1 District</i>			<i>I-Industrial District</i>			

Please write **detailed** driving directions to the property, or attach directions from an online map provider such as Google Maps or Apple Maps. Directions should begin from the Fulton County Courthouse. (100 N. Main Street, Lewistown, IL 61542)

Please provide a detailed sketch or aerial photograph of the property boundary with all dimensions, and the location of the request with dimensions to the sides of the property, as shown on the example sketches below. If there are structures, obstructions, or topographic features on the property that are a factor in the request, then they should be shown in the sketch with dimensions to the property lines or other lines.

Example Sketch



Sketch of Proposed Zoning Action

If a Petitioner is a Corporation, please complete the following:

Corporation Name:	
Mailing Address:	

Officers of the Corporation:

President:	
Address	
City/State/Zip	
Vice President:	
Address	
City/State/Zip	
Secretary:	
Address	
City/State/Zip	
Treasurer:	
City/State/Zip	

If Applying For A Conditional Use Permit, Please See Below:

- **Personal Use "Large-Scale Solar Energy System"** (Complete & Attach Addendum "A")
- **Commercial Solar Energy System** (Complete & Attach Addendum "B")
- **Energy Storage System (ESS) / (BESS)** (Complete & Attach Addendum "C")
- **Commercial Wind Energy Conservation System (WECS)** (Complete & Attach Addendum "D")

Justification

**Clearly provide the Zoning Board of Appeals any facts or evidence that supports your purpose.
Additional sheets may be attached.**

Certification

This "Petition for Zoning Action" will be placed on the Zoning Board of Appeals Agenda for the regularly scheduled meeting on the last Wednesday of the month at 5:00 p.m. at the Fulton County Board Office in Lewistown, IL, unless otherwise stated.

Payment must be received with the petition at the time of filing.

Failure of the petitioner or the petitioner's representative to attend the Zoning Board of Appeals meeting may result in items being tabled. Incomplete or erroneous petitions, failure of the petitioner to submit the complete list of all adjacent property owners, or any other failure to submit accurate or required information may result in a delay of the public hearing being heard by the Zoning Board of Appeals. By signing below, the petitioner swears that the information is accurate to the best of his/her knowledge and that they understand the meaning of the statements above.

Petitioner Signature:		Date:	
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Permit # _____

Addendum "A"

Personal Use Solar Array and/or BESS

*This form **must be filled out in it's entirety** & included with the Conditional Use Permit Application and Zoning Permit Application upon their individual filings. Failure to fill out & file this addendum constitutes an incomplete application.

Property Owner Name:		
Property Owner Site Address:		
Parcel Number (PIN):		
Nameplate Capacity (A/C & D/C):	_____ A/C	_____ D/C
Projected Date of Operation:	Month: _____ Year: 20_____	
Paired Energy Storage System? (ESS/BESS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ESS/BESS Rated Power Capacity:	_____ kW / _____ MW	
ESS/BESS Storage Duration:	_____ Hours	
ESS/BESS Energy Capacity:	_____ kWh / _____ MWh	
Number of Cabinets & Batteries:	_____ Cabinets	_____ Batteries

Applicant Information:

Name of Person Filing This Form: _____

Phone Number: _____

Email: _____

Signature: _____

Date: _____



Permit # _____

Addendum "B"

Commercial Solar Energy Facility

*This form **must be filled out in it's entirety** & included with the Conditional Use Permit Application and Zoning Permit Application upon their individual filings. Failure to fill out & file this addendum constitutes an incomplete application.

Facility Owner Name:		
Facility Owner Mailing Address:		
Nameplate Capacity (A/C & D/C):	_____ A/C	_____ D/C
Total Acreage Under Contract:	_____ Acres	
Projected Date of Operation:	Month: _____ Year: 20_____	
Paired Energy Storage System? (ESS/BESS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ESS/BESS Rated Power Capacity:	_____ kW / _____ MW	
ESS/BESS Storage Duration:	_____ Hours	
ESS/BESS Energy Capacity:	_____ kWh / _____ MWh	
Number of Enclosures & Batteries:	_____ Enclosures	_____ Batteries

Applicant Information:

Name of Person Filing This Form: _____

Phone Number: _____

Email: _____

Signature: _____

Date: _____



Permit # _____

Addendum "C"

Energy Storage Systems (ESS) & Battery Energy Storage Systems (BESS)

*This form **must be filled out in its entirety** & included with the Conditional Use Permit Application and Zoning Permit Application upon their individual filings. Failure to fill out & file this addendum constitutes an incomplete application.

Facility Owner Name:		
Facility Owner Mailing Address:		
Projected Date of Operation:	Month: _____ Year: 20_____	
Paired System or Stand Alone:	<input type="checkbox"/> Paired	<input type="checkbox"/> Stand Alone
ESS/BESS Rated Power Capacity:	_____ kW / _____ MW	
ESS/BESS Storage Duration:	_____ Hours	
ESS/BESS Energy Capacity:	_____ kWh / _____ MWh	
Number of Enclosures & Batteries:	_____ Enclosures	_____ Batteries
Battery Composition Type:		

Applicant Information:

Name of Person Filing This Form: _____

Phone Number: _____

Email: _____

Signature: _____

Date: _____



Permit # _____

Addendum "D"

Wind Energy Conservation System (WECS)

*This form **must be filled out in its entirety** & included with the Conditional Use Permit Application and Zoning Permit Application upon their individual filings. Failure to fill out & file this addendum constitutes an incomplete application.

Facility Owner Name:		
Facility Owner Mailing Address:		
Nameplate Capacity of Entire System (A/C & D/C):	_____ A/C	_____ D/C
# of Turbines & Capacity of Each:	_____ Turbines	_____ Per Turbine
Projected Date of Operation:	Month: _____ Year: 20_____	
Paired Energy Storage System? (ESS/BESS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ESS/BESS Rated Power Capacity:	_____ kW / _____ MW	
ESS/BESS Storage Duration:	_____ Hours	
ESS/BESS Energy Capacity:	_____ kWh / _____ MWh	
Number of Enclosures & Batteries:	_____ Enclosures	_____ Batteries

Applicant Information:

Name of Person Filing This Form: _____

Phone Number: _____ Email: _____

Signature: _____ Date: _____