



Permit Number _____

Zoning Permit Application

Fulton County Zoning and Community Development

257 W Lincoln, Lewistown, IL 61542

(309) 547-0902 Zoning@FultonCo.org

Parcel Index Number _____ - _____ - _____ - _____ - _____

Zoning District: (Circle) AC R1 R2 B I GPS Coordinates: _____

Flood Plain? (Circle One) YES -or- NO Flood Plain/ Permit #(s): _____

Proposed Use of Building: _____

Date received:	Date issued:
Septic Permit # _____ - _____ - _____ Septic evaluation: Yes No Well Permit # _____ - _____ - _____ Well evaluation: (please circle) Yes No	Office Use Only: Permit fee: \$ _____ Check no: _____ Cash: \$ _____

A. Project information

Address/Location of Proposed Construction		Township
City	State	Zip Code
Project value est. \$ _____	Mobile Home Model and Manufacture Date # _____	Owner Name:

B. Applicant /Owner Owner Authorized Agent of Owner

Last Name:	First Name:	Corporation:
Street Address:		Phone:
City & State:	Zip:	E-mail:

Purpose of application (Select ALL that apply)

<input type="checkbox"/> Residential	<input type="checkbox"/> New Construction	<input type="checkbox"/> Commercial Sign	<input type="checkbox"/> Commercial Solar Energy Facility (Attach Addendum "B")
<input type="checkbox"/> Business	<input type="checkbox"/> Dwelling	<input type="checkbox"/> Tower Upgrade	<input type="checkbox"/> Commercial Energy Storage System (Attach Addendum "C")
<input type="checkbox"/> Industrial	<input type="checkbox"/> Addition	<input type="checkbox"/> Agricultural Building	<input type="checkbox"/> Commercial WECS (Addendum "D")
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Personal Use Solar/ESS (Attach Addendum "A")	
<input type="checkbox"/> Demolition	<input type="checkbox"/> Mobile Home		

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Proposed Project Timeline:	Dimensions of Structure: Total Square Feet or Length x Width
Proposed Start Date: _____	Sq. Ft. Dwelling _____ Sq. Ft. Accessory _____
Estimated Completion Date: _____	Sq. Ft. Basement _____ Sq. Ft. Signs _____

Where to go for further information:

1. Septic and well permits and evaluations may be obtained by contacting the Fulton County Health Department, 700 E. Oak Street, Canton, Illinois 61520; Division of Environmental Health; phone 309-647-1134 ext. 230.
2. Parcel Numbers and Aerial/GIS maps may be obtained by visiting the Fulton County GIS map at: <https://gis.fultoncountyil.gov/portal/apps/webappviewer/index.html?id=109719824a7042bda7342e4eed0187d3>
3. Zoning District(s) can be obtained by contacting the Zoning Office at (309) 547-0902
4. Floodplain and flood map information can be obtained by contacting FEMA at 1-800-621-3362.
5. 911 Addresses and information can be obtained by contacting the Fulton County 911 Office at (309) 547-3911.

C. Sewage Disposal/Water Supply Information

- | | | |
|--|------------------------------|-----------------------------|
| i. Will the proposed construction for the new structure have/require the installation/ repair/ or addition of a private sewage disposal system | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii. Will the proposed construction for the new structure have/require the installation/repair/or modification of a private water supply | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

D. Attachments

- i. **Plans:** A sketch **must** appear on this application or be attached and show the following: Actual shape and size of lot or land with dimensions, location, ground area dimensions, identification of all existing and proposed buildings, structures, driveways, parking areas, etc; dimensions of front, side, and rear yards, private sewage disposal and water supply systems. (ex: existing, proposed, and abandoned.)
- ii. **Surveys:** Attach any available surveys.
- iii. Attach types and quantities of plans and specifications for the proposed construction that are prescribed by the by-law, resolution, or regulation of the Fulton County Zoning Ordinance.
- iv. Attach aerial map of the parcel to be developed. **(This can be obtained by visiting the link in the section "Where to go for further information.")**

E. Declaration of applicant

I, _____ (print name)

Certify:

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. I have authority to bind the corporation or partnership (if applicable).

Date

Signature of Applicant

Application is hereby made for a Permit and a Compliance Certificate as required under the Zoning Ordinance of the County of Fulton for the erection, reconstruction, or structural alteration, and use of buildings and premises. In making this application, the applicant represents all the above statements and any attached maps and drawings as a true description of the proposed new or altered uses and/or buildings. The applicant agrees that the permit applied for, if granted, is issued on the representation made herein and that any permit issued may be revoked without notice on any breach of representations or conditions. It is understood that any permit issued on this application will not grant any right or 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 the County of Fulton. The applicant further agrees that upon completion of the construction, they will notify the Zoning Enforcement Officer, who shall then inspect the premises and issue or refuse to issue a Zoning Compliance Certificate. It is further understood that unless a substantial start on construction is made within one year or if no work has begun, this Permit shall become null and void.

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Sketch



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Addendum "A"

Personal Use Solar Array and/or 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.

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: _____



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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: _____



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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: _____



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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: _____