

Menard County Zoning Office  
101 East Jefferson Street  
Petersburg, IL 62675  
Phone # (217) 632-5123  
Office Hours: 8:00 a.m. to 4:00 p.m. (Please call for an appointment)

Date \_\_\_\_\_

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

Name \_\_\_\_\_

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

## **MENARD COUNTY SOLAR 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 911 address is required, please contact the 911 Coordinator at (217) 725-3120 or E-mail at [911coordinator@menardcountyil.gov](mailto:911coordinator@menardcountyil.gov)

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.

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)

\_\_\_\_\_

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

\_\_\_\_\_ Build a new ground mount PV

\_\_\_\_\_ Build a new roof mount PV

\*\*\*\*\*

\*PHOTOVOLTAIC SYSTEM CAPACITY \_\_\_\_\_

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:

**8.01 FEES CHARGED FOR SOLAR BUILDING PERMITS.**

The fees for processing the applications for building permits and mechanical permits shall be collected by the Zoning Administrator who shall be accountable to the County for such fees as follows:

1-10 kilowatts (kW-dc)	\$75
11-20 kilowatts (kW-dc)	\$150
21-50 kilowatts (kW-dc)	\$300
51-100 kilowatts (kW-dc)	\$500
101-500 kilowatts (kw-dc)	\$1,000

\*Solar Thermal Systems convert BTU to kilowatts (kW-dc)

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

(Zoning Office Only):

Permit: Approved    Denied

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

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

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

(PERMIT APPLICATION REVISED 2023)