

Clinton County Planning & Zoning



SPECIAL USE APPLICATION – SOLAR LASES

Fees: (Non-Refundable)

Special Use Permit \$500.00 \$_____

Solar Building Permit Fee \$100 + \$10 per kW \$_____

Legal Notice \$150 \$_____

Adjoining 1000' lot owners:

Certified mail rate* \$9.64 x # of Adj. _____ \$_____

GROUND MOUNT OR ROOF MOUNT? _____

Permit # _____

Total: \$ _____

Fee must accompany this application. Please make check payable to the "Clinton County Treasurer"

Address of Property: _____

Section _____ Township _____ Range _____

Subdivision _____ Lot _____

Parcel# _____

Property Owner : _____

Address: _____

Telephone: _____ Cell: _____

Fax: _____ E-Mail _____

Solar Installment Company Name: _____

Company Contact Name and Phone Number: _____

**PROVIDE ALL ENGINEERED PLANS WITH THIS APPLICATION AND CHECK ANY
ADDITIONAL REQUIREMENTS FOR SOLAR IN CLINTON COUNTY ORDINANCES
SECTION 13.6**

SIGN TO BE POSTED FOR 30 DAYS ON SITE

The petitioner will be responsible for erecting the “Notice of Proposed Special Use Permit” signs on the property. The sign is to be erected the date of the application and removed from the property the date of the Public Hearing. **These signs are the property of Clinton County** and must be turned into the Clinton County Planning and Zoning Department before the Public Hearing will be heard. If any sign is damaged or destroyed, the petitioner will be responsible for replacement of said sign at \$100.00 per sign. Applicant shall provide a photograph verifying the sign(s) posted to the Clinton County Zoning Administrator prior to the date of such hearing.

**All required items *must* be submitted with this application, or the application may be rejected.
I hereby affirm that the above statements and representations are true and correct.**

Applicant’s Signature

Date

Applicant’s Signature

Date

Planning and Zoning Administrator Signature

Date received complete application
