



Sangamon County Building & Zoning  
**SFES SOLAR ENERGY SYTEMS APPLICATION**  
Room 213, 200 S. Ninth Street, Springfield, IL 62701  
(217) 753-6760 or (FAX) 535-3194 [zoning@co.sangamon.il.us](mailto:zoning@co.sangamon.il.us)

<b>FOR OFFICE USE ONLY</b>
PERMIT#: _____
PARCEL#: _____
ZONING: _____

**OWNER INFORMATION**

Owner Name: \_\_\_\_\_  
Owner Address/Zip: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Email: \_\_\_\_\_

**CONTRACTOR INFORMATION**

Owner Name: \_\_\_\_\_  
Owner Address/Zip: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Email: \_\_\_\_\_

**SFES SOLAR INFORMATION**

**Site Plan Requirements:**

- 1) Name, address and phone number of the property owner
- 2) Property lines
- 3) All structures
- 4) Septic field
- 5) Setback lines (minimum (15' from property lines which form outside perimeter)
- 6) SFES shall not be located within 250' of an existing dwelling
- 7) Fencing at least 6' enclosure and secure the SFES, hazardous fencing allowed as long as 6'
- 8) Shall not exceed 18' maximum tilt of solar panel/s
- 9) Landscape screening shall be provided
- 10) Lighting provided on the project, as long as no emissions onto adjacent parcel
- 11) Noise should not exceed 50 decibels
- 12) Installation/Design shall be done so that no glare on any inhabited buildings or adjacent highways
- 13) All wiring underground
- 14) Outdoor storage allowed if it directly supports the operation/maintenance of the SFES
- 15) Proof of Agricultural Impact Mitigation Agreement (AIMA) pertaining to the construction of the SFES

Street Frontage		Height of panels	
Front Setback			
Rear Setback			
Left Setback			
Right Setback			
Stake Date		Estimate Project Cost	
Estimate Start Date		Estimate End Date	
<b>Please attach site plan of scope of work being conducted</b>			

I certify that I am the owner or representative of the property which is the subject of this application, I hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the County agency. As the property owner or representative I assume the responsibility of locating any property lines, setback lines, easements, right of way, flood areas, etc., any construction within these areas may result in removal at the owner's or representative's expense. A Zoning Permit is valid for a period of six (6) months from date of approval and construction must commence and be worked on diligently thereafter or this permit may be canceled upon notification by the Zoning Administrator unless a written request is submitted to the Zoning Department within fourteen (14) days prior to expiration.

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Applicant Signature	Applicant Printed Name	Date
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Applicant is:     Building/property owner     General Contractor Representative     Tenant  
 Other \_\_\_\_\_

If not the property owner, an affidavit is required with parties signatures (owner/s and contractor) stating aware that a building permit is being applied for.

**OFFICE USE ONLY**

**RESIDENTIAL**  
Materials + Labor x .007

**COMMERCIAL**  
Materials + Labor x .009

<b>PROJECT COST ft.<sup>2</sup>:</b>	
<b>PERMIT FEE:</b>	
<b>PENALTY FEE:</b>	
<b>TOTAL FEE:</b>	
Minimum Fee May Apply \$41.00	