



Champaign County
Soil and Water Conservation District
 2110 West Park Court Suite C Champaign, IL 61821
 (217) 352-3536 Extension 3 --- www.ccsxcd.com

Natural Resource Information Report Application

Petitioner(s)

Name: _____
 Address: _____

 Phone: _____
 Email: _____

Contact Person (if applicable)

Name: _____
 Address: _____

 Phone: _____
 Email: _____

Site Location & Proposed Use

Township Name: _____ Township _____, Range _____, Section(s) _____
 Project or Subdivision Name: _____ Number of Acres: _____
 Current Use of Site: _____ Proposed Use: _____

Type of Request

- Change in Zoning from _____ to _____
- Variance (please describe on separate page)
- Special Use Permit (please describe on separate page)

Name of County or Municipality the request is being filed with: _____

In addition to this completed application form, please include the following to ensure proper processing:

- Plat of Survey/Site Plan** – show location, legal description, and property measurements
- Concept Plan** – show locations of proposed lots, buildings, roads, stormwater detention, open areas, etc.
- If available: topography map, field tile map, copy of soil boring and/or wetland studies, etc.
- Check for appropriate NRI fee** (please make checks payable to Champaign County SWCD)

Please send electronic shape files for GIS software to erin.bush@il.nacdn.net.

Fee Schedule:

CCSWCD staff will determine when a full report or summarized letter is necessary.

Full Report: \$300.00 for five acres or less, plus \$5.00 for each additional acre or fractional acre

Summarized Letter: \$100.00

Fee for first five acres or less	\$	<u>300.00</u>
_____ additional acres at \$5.00 each	\$	_____
Total NRI Fee	\$	_____

Planning & Zoning Hearing Date: _____

Note: Please allow 30 days for inspection, evaluation, and processing of the report.

It is understood that the petitioner(s) or their agent(s) give permission for a representative(s) of the Champaign County Soil and Water Conservation District to visit and conduct an evaluation of the site(s) described above. The completed NRI report expiration date will be 3 years after the date reported.

Signed _____ Date _____

 Petitioner or Agent

FOR OFFICE USE ONLY

Date app received: _____ Date all received: _____ Board Meeting Date: _____
 Fee Due: \$ _____ Fee Paid: \$ _____ Date Paid: _____ Check #: _____ Request/Refund? \$ _____