



Natural Resource Information Report Application

Champaign County Soil and Water Conservation District

2110 West Park Court Suite C Champaign, IL 61821

(217) 352-3536 Extension 3 --- www.ccswcd.com

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 of 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
- Check for appropriate NRI fee** (please make checks payable to Champaign County SWCD)

Please send electronic shape files for GIS software to info@ccswcd.com

Fee Schedule:

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

Full Report: \$400 for five acres or less, plus \$10 for each additional acre or fractional acre

Summary Report Letter: \$100

Fee for first five acres or less	\$	_____
_____ additional acres at \$10 each	\$	_____
Total NRI Fee	\$	_____

Note: After all required plans and fees have been submitted to CCSWCD, Please allow 30 business 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? \$ _____