



Kendall County Soil & Water
Conservation District

7775A Route 47 Yorkville, IL 60560

Phone (630) 553-5821 Ext. 3 ♦ Fax (630) 553-7442

www.kendallswcd.org

NATURAL RESOURCE INFORMATION (NRI) REPORT

Petitioner: _____ **Contact Person:** _____
Address: _____
City, State, Zip: _____
Phone Number: () _____ () _____

Site Location & Proposed Use

Township Name _____ Township _____ N, Range _____ E, Section(s) _____
Project or Subdivision Name _____ Number of Acres _____
Current Use of Site _____ Proposed Use _____
Proposed Number of Lots _____ Proposed Number of Structures _____
Proposed Water Source _____
Proposed type of Sewage Disposal System _____
Proposed type of Storm Water Management _____

Type of Request

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

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

In addition to this completed application form, some other application materials are necessary:

- Plat of Survey/Site Plan** – showing location, legal description and measurements of site
- Concept Plan** - showing the locations of proposed lots, buildings, roads, stormwater detention, open areas, etc.
- NRI fee** (Checks made payable to Kendall County SWCD)
- If available: topography map, field tile map, copy of soil boring and/or wetland studies

NRI Fees The fees, as of July 1, 2010, are as follows: \$375.00 for five acres and under, plus \$18.00 per acre for each additional acre or any portion thereof over five. Please make checks payable to Kendall County SWCD.

Fee for first five acres and under	\$ <u>375.00</u>
_____ Additional Acres at \$18.00 each	\$ _____
Total NRI Fee	\$ _____

I (We) understand the filing of this application allows the authorized representative of the Kendall County Soil and Water Conservation District (SWCD) to visit and conduct an evaluation of the site described above. I (We) also understand that complete NRI applications are due by the 1st of each month to be on that month's SWCD Board Meeting Agenda. The completed NRI report expiration date will be 3 years of the date reported.

Petitioner or Authorized Agent

Date

FOR OFFICE USE ONLY

NRI# _____ Date initially rec'd _____ Date all rec'd _____ Board Meeting _____
Fee Due \$ _____ Fee Paid \$ _____ Check # _____ Over/Under Payment _____
Copies of NRI Report sent to: