



Knox County Soil and Water Conservation District
233 S. Soangetaha Road, Ste 4 – Galesburg, IL 61401 – Phone (309) 342-5138, Ext. 3 – Fax (855) 288-1480

Natural Resource Information Report Application

For Office Use Only

File #: _____ - _____ Received: _____ 20_____
Fee: \$ _____ (Please make check payable to Knox County SWCD)

NRI Fee: Full Report: \$400.00 for up to 5 acres and \$50.00 for each additional acre or portion thereof.

Letter: \$100.00 SWCD will determine whether a letter or a full report will be necessary.

Wind Turbines: \$500 per turbine. **Switching Station:** \$500 per station. **Out-of-County Fee:** \$100

Knox County SWCD has 30 calendar days to complete the NRI after all four components of the application are received, to then be presented to SWCD Board of Directors at their regularly scheduled meeting, the third Wednesday of each month at SWCD office

Petitioner's Name: _____ **Phone:** _____

Address: _____ **Email:** _____

Contact Person: _____ **Phone:** _____

Address: _____ **Email:** _____

Parcel Index Number	Township/Range Or Name	Section	Acres
1) _____	_____	_____	_____
2) _____	_____	_____	_____

Total Parcel Size: _____

Current Zoning: _____ Requested Zoning: _____

Current Use of Site: _____ Proposed Use: _____

Describe the reason for your zoning request (what is your proposed project?):

Required Documents:

- This form, completed and signed
- Payment of applicable fee (dependent on scope of project, see fee schedule above)
- Location map with proposed project boundaries/draft of project footprint

****The NRI report will not be started until the complete application is received****

It is to be understood by the applicant that filling out this application gives a district representative the right to conduct an onsite investigation of the parcel(s) described above. Furthermore, this report becomes subject to the Freedom of Information Act after approval by the Knox County SWCD Board of Directors at their regularly scheduled meeting. Board meetings are scheduled for the third Wednesday of each month, unless otherwise scheduled. If the zoning request is canceled at any stage, a 25% refund will be provided.

Contact Person or Petitioner's Signature: _____ **Date:** _____

CONSERVATION – DEVELOPMENT – SELF-GOVERNMENT

<https://knoxcountyilswcd.wixsite.com/knox>



Knox County Soil and Water Conservation District
233 S. Soangetaha Road – Galesburg, IL 61401 – Phone (309) 342-5714, Ext. 3 – Fax (855) 289-5179

USDA Release of Information to Knox County SWCD *to review the Knox County Zoning request*

Landowner Name: _____

Address: _____

Phone Number: _____

Legal Description: Township Name: _____, Section: _____, 1/4 Section: _____

Or

Parcel Index Number _____

If known, Farm number _____, Tract number _____

I authorize the United States Department of Agriculture: Farm Service Agency (FSA) and the Natural Resources Conservation Service (NRCS) Offices to release any and all information regarding this parcel of ground including, but not limited to, Tract Map, wetlands, CRP information, and NRCS Program info regarding EQIP or CSP or other information that may be in the case file that is important for the reason of this zoning request.

It is to be understood by the applicant that filling out this application gives a District representative the right to conduct an onsite investigation of the parcel(s) described above. Furthermore, this report becomes subject to the Freedom of Information Act after approval by the Knox County SWCD Board of Directors at their next regularly scheduled meeting. Board meetings are scheduled for the third Wednesday of each month, unless otherwise scheduled.

Landowner Signature: _____ Date: _____