

**GRANT COUNTY
CONDITIONAL USE APPLICATION**

PERMIT NUMBER _____

APPLICANT (PRINT): _____ PHONE: _____

ADDRESS: _____

OWNER (PRINT): _____ PHONE: _____

IF DIFFERENT THAN APPLICANT

ADDRESS: _____

I/WE, THE UNDERSIGNED, DO HEREBY PETITION THE BOARD OF ADJUSTMENT OF GRANT COUNTY SOUTH DAKOTA, TO ISSUE A CONDITIONAL USE PERMIT FOR THE PROPERTY DESCRIBED AS:

LEGAL DESCRIPTION (Please print or type)

GENERAL AREA OR STREET ADDRESS: _____

EXISTING LAND USE: _____ **EXISTING ZONING:** _____

SIZE OF PARCEL: ACRES _____ **LOT DIMENSIONS:** WIDTH _____ LENGTH _____ DEPTH _____

SURROUNDING LAND USE

NORTH: _____

SOUTH: _____

EAST: _____

WEST: _____

PLEASE DESCRIBE WHAT YOU PROPOSE TO DO AND WHY YOU ARE SEEKING A CONDITIONAL USE PERMIT
(attach a separate sheet of paper if necessary)

Note: A sketch of proposed property shall accompany this application, showing the following:

- | | |
|--|--|
| 1. North Direction | 5. Location of Proposed Structure on lot |
| 2. Dimensions of Proposed Structure | 6. Dimensions of Front and Side Set Backs |
| 3. Street Names | 7. Location of Adjacent Existing Buildings |
| 4. Other Information as may be Requested | |

***PLEASE USE THE ATTACHED SKETCH INSTRUCTION SHEET FOR AN EXAMPLE.*

The Board of Adjustment may require that such plans be prepared by a registered engineer or land surveyor.

I hereby certify that I have read and examined this application and know the information contained herein to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I further understand and agree that the granting of a permit does not presume to give authority to violate, cancel or variance the provisions of the Grant County Zoning Ordinance or any other federal, state, or local law regulating construction or the performance of construction.

SIGNATURE OF CONTRACTOR DATE

SIGNATURE OF APPLICANT DATE

SIGNATURE OF OWNER DATE
(IF DIFFERENT THAN APPLICANT)

FOR OFFICIAL USE ONLY

The Conditional Use Permit application process begins on the date this application is filed and fee has been received. Supplemental information may be submitted following the initial filing of this application. This Conditional Use Permit Application expires if a public hearing by the Board of Adjustment is not held within ninety days of date filed with Zoning Officer.

DATE FILED WITH ZONING OFFICER: _____
FEE PAID (NON-REFUNDABLE): _____ YES _____ NO
DATE OF HEARING: _____
ACTION BY BOARD OF ADJUSTMENT: _____

**GRANT COUNTY
CONCENTRATED ANIMAL FEEDING OPERATION (CAFO)
CONDITIONAL USE PERMIT
SUPPLEMENTAL INFORMATION**

PROPOSED CAFO CLASS SIZE AND ANIMAL TYPE: _____

INFORMATION NOT REQUIRED UPON INTIAL FILING OF CONDITIONAL USE PERMIT APPLICATION BUT TO BE CONSIDERED BY BOARD OF ADJUSTMENT

- General location and number of acres to be included in nutrient management plan
- General information regarding manure management and operations plan
- Management plan for fly and odor control.
- Information on ability to meet designated setback requirements including site plan to scale.
- Map of occupied residential structures, businesses and public buildings within required setback area, if applicable
- Notification of whomever maintains the access road (township, county and state).
- Notification of public water supply officials.
- Project schedule.
- Documentation of approved General Permit, which included nutrient management plan and manure management and operation plan, from South Dakota Department of Environment & Natural Resources.
 - o Documentation of the approved General Permit is not a prerequisite to the Board of Adjustment issuing a Conditional Use Permit. The Conditional Use Permit only becomes active upon the County receiving documentation of the Approved General Permit.