GRANT COUNTY CONCENTRATED ANIMAL FEEDING OPERATION (CAFO) APPLICATION

DATE: _____, 20____ **PERMIT NUMBER: _____**

APPLICANT (PRINT): _____ **PHONE**: _____
ADDRESS: _____**CITY:**_____ **ZIP:** _____
OWNER (PRINT): _____ **PHONE**: _____
IF DIFFERENT THAN APPLICANT
ADDRESS: _____ **CITY:**_____ **ZIP:** _____

DEVELOPMENT SITE LEGAL DESCRIPTION: _____

DEVELOPMENT SITE STREET ADDRESS: _____**PARCEL NUMBER:**_____
EXISTING ZONING DESIGNATION: AG **SIZE OF PARCEL:** _____
ANIMAL NUMBER: _____**ANIMAL TYPE**: _____ **CLASS SIZE:** _____

REQUIRED APPLICATION SUBMISSIONS:
(8 bound copies to include the following information needed at time of application)

- DOCUMENTATION OF A SOUTH DAKOTA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES APPROVED NUTRIENT MANAGEMENT PLAN.
- DOCUMENTATION OF A SOUTH DAKOTA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES APPROVED MANURE MANAGEMENT AND OPERATION PLAN.
- MANAGEMENT PLAN FOR FLY AND ODOR CONTROL.
- MAP OF OCCUPIED RESIDENTIAL STRUCTURES, BUSINESS AND PUBLIC BUILDINGS WITHIN REQUIRED SETBACK AREA.
- INFORMATION ON ABILITY TO MEET DESIGNATED SETBACK REQUIREMENTS INCLUDING SITE PLAN TO SCALE.
- DOCUMENTATION OF APPROVED GENERAL PERMIT FROM SOUTH DAKOTA DEPARTMENT OF ENVIROMENT & NATURAL RESOURCES. **(IF REQUIRED)**
- NOTIFICATION OF WHOMEVER MAINTAINS THE ACCESS ROAD (TOWNSHIP, COUNTY AND STATE).
- NOTIFICATION OF PUBLIC WATER SUPPLY OFFICIALS.
- PROJECT SCHEDULE.

ESTIMATED PROJECT CONSTRUCTION COST (INCLUDING LABOR): $_____

NOTE: A SITE AND AREA PLAN OF THE PROPOSED CAFO SHALL ACCOMPANY THIS APPLICATION, SHOWING THE FOLLOWING;

1. NORTH DIRECTION
2. DIMENSIONS OF PROPOSED STRUCTURE/S
3. STREET NAMES
4. LOCATION OF PROPOSED STRUCTURE/S ON LOT
5. DIMENSIONS OF FRONT & SIDE SETBACKS
6. LOCATION OF ADJACENT EXISTING BUILDINGS
7. OTHER INFORMATION AS MAY BE REQUESTED

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE INFORMATION HEREIN TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HERIN 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.

_____	_____	_____
CONTRACTOR (*PRINT*)	APPLICANT (*PRINT*)	OWNER (*PRINT*) *IF DIFFERENT*
_____	_____	_____
CONTRACTOR SIGNATURE	APPLICANT SIGNATURE	OWNER SIGNATURE
DATE:_____	DATE: _____	DATE: _____

DATE FILED WITH ZONING OFFICER _____ **FEE PAID(NON-REFUNDABLE) Y N** _____
HEARING DATE & TIME _____ **ACTION BY BOARD** _____

Conditions of permit:
_____
_____
_____