

**TEMPORARY
CONCENTRATED ANIMAL FEEDING OPERATION APPLICATION
ALL CLASSES**

FEE: \$200.00

Applicant Information:

Name of Applicant: _____

Address of Applicant: _____

Phone No(s): _____ (WORK) _____ (HOME) _____ (CELL)

Operation Information:

Name of Animal Feeding Operation: _____

Address of Operation: _____

Legal Description: _____

Operation is: _____ Proposed _____ Existing/New Ownership _____ Expanding Existing

Livestock Information:

Types of animals: _____ Avg. Weight: _____

Number of animals: _____

THE FOLLOWING MUST BE INCLUDED WITH CAFO APPLICATION

- A. Site plan (not to scale) with measurements/distance in order to meet setbacks.
- B. Waiver from distance signed and notarized for each resident living within the setback area. (When applicable)
- C. Any other information as contained in the application and requested by the Spink County Planning and Zoning Board.

Applicant:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this form and all attachments. Based on my inquiry of those persons immediately responsible for obtaining the information, I certify that the information is true, accurate and complete to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Further, I certify that, under the laws of the State of South Dakota, I have the authority to sign on behalf of the animal feeding operation for which this form is being submitted.

***A drone may be used to take pictures of the site of the application.

Owner's Signature _____ ***Date*** _____

~~~~~OFFICE USE ONLY~~~~~

Inspected by \_\_\_\_\_

Date inspected \_\_\_\_\_

Planning and Zoning Commission Action \_\_\_\_\_

---

---

---

---

---

Conditions (if any) \_\_\_\_\_

---

---

---

---

---

---

---