

Meeting Date: _____

Hearing Time: _____

**Waiver from Distance Application
For Concentrated Animal Feeding Operation**

FEE: \$75.00

Date _____

Receipt No. _____

BP # _____

SPINK COUNTY,
STATE OF SOUTH DAKOTA

TO: Spink County Planning and Zoning Board

_____ (name) is requesting a waiver from the
Spink County Zoning Ordinance, **APPENDIX D CAFO REGULATIONS** at legal _____

Type of Confinement operation _____

Reason Waiver for Distance is requested _____

Applicant/Owner's Signature _____

I understand that along with this application, it is my responsibility to provide a map of the location and a brief description of the confinement plans. It is also my responsibility to obtain a signed and notarized Consent for Waiver from all adjoining landowners.

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

Inspection Report \_\_\_\_\_

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

Planning and Zoning Commission Action

Conditions (if any)