

**DEUEL COUNTY
CONCENTRATED ANIMAL FEEDING OPERATION (CAFO) APPLICATION
PERMIT NUMBER _____**

APPLICANT (PRINT): _____ **PHONE:** _____

ADDRESS: _____

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

ADDRESS: _____

DEVELOPMENT SITE LEGAL DESCRIPTION: _____

DEVELOPMENT SITE STREET ADDRESS: _____

PROPOSED CAFO CLASS SIZE AND ANIMAL TYPE: _____

EXISTING ZONING DESIGNATION: _____ **PARCEL NUMBER:** _____

REQUIRED APPLICATION SUBMISSIONS:

- Preliminary Nutrient Management Plan, if required.
- Preliminary Manure Management and operation plan, if required
- Preliminary Management plan for fly and odor control.
- Map of occupied residential structures, businesses and public buildings within required setback area
- Information on ability to meet designated setback requirements including site plan to scale.
- Information on soils, shallow aquifers, designated wellhead protection areas, and 100-year floodplain designation.
- Documentation of a South Dakota Department of Environment and Natural Resources approved nutrient management plan for CAFO's over 1,000 animal units.
- Documentation of a South Dakota Department of Environment and Natural Resources approved manure management and operation plan for CAFO's over 1,000 animal units.
- Documentation of approved General Permit from South Dakota Department of Environment & Natural Resources for CAFO's over 1,000 animal units.
- Notification of whomever maintains the access road (township, county and state).
- Notification of public water supply officials.
- Map of occupied residential structures, businesses and public buildings within required setback area.
- 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 | 5. DIMENSIONS OF FRONT AND SIDE SETBACKS |
| 2. DIMENSIONS OF PROPOSED STRUCTURE | 6. LOCATION OF ADJACENT EXISTING BUILDINGS |
| 3. STREET NAMES | 7. OTHER INFORMATION AS MAY BE REQUESTED |
| 4. LOCATION OF PROPOSED STRUCTURE ON LOT | |

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 Deuel 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

_____ FEE PAID:	DATE:
_____ PERMIT ISSUED	DATE:
_____ PERMIT EXPIRES	DATE:

REASONS FOR DENYING PERMIT:
