

MOODY COUNTY CONCENTRATED ANIMAL FEEDING OPERATION (CAFO) APPLICATION

Class C - Under 800 Au's

BUILDING PERMIT NUMBER \_\_\_\_\_

APPLICANT (PRINT): \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DEVELOPMENT SITE LEGAL DESCRIPTION: \_\_\_\_\_

DEVELOPMENT SITE STREET ADDRESS: \_\_\_\_\_

EXISTING ZONING DESIGNATION: \_\_\_\_\_

PROPOSED CAFO CLASS : \_\_\_\_\_ ANIMAL TYPE: \_\_\_\_\_ #OF ANIMALS \_\_\_\_\_

**REQUIRED APPLICATION SUBMISSIONS:**

- 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
- Preliminary Management plan for fly and odor control
- Documentation of notice to whomever maintains the access road (township, county, and state)

ESTIMATED PROJECT CONSTRUCTION COST (including labor): \$ \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

SIGNATURE OF LAND OWNER \_\_\_\_\_  
(If different than applicant)

FOR OFFICIAL USE ONLY

DATE FILED WITH ADMINISTRATIVE OFFICIAL: \_\_\_\_\_

\$200.00 FEE PAID (NON-REFUNDABLE): \_\_\_\_\_ YES \_\_\_\_\_ NO

EFFECTIVE DATE OF PERMIT: \_\_\_\_\_

MOODY COUNTY CONCENTRATED ANIMAL FEEDING OPERATION (CAFO) APPLICATION  
Class D & C -Over 800 Au's

CONDITIONAL USE NUMBER \_\_\_\_\_ BUILDING PERMIT NUMBER \_\_\_\_\_

APPLICANT (PRINT): \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DEVELOPMENT SITE LEGAL DESCRIPTION: \_\_\_\_\_

DEVELOPMENT SITE STREET ADDRESS: \_\_\_\_\_

EXISTING ZONING DESIGNATION: \_\_\_\_\_

PROPOSED CAFO CLASS : \_\_\_\_\_ ANIMAL TYPE: \_\_\_\_\_ #OF ANIMALS \_\_\_\_\_

REQUIRED APPLICATION SUBMISSIONS:  
Class C or D

- o Owner's/Applicant(s) name, address, and telephone number
- o Legal description of site and site plan
- o Number and type of animals
- o Nutrient management plan Class C (with more than 800 Au's)
- o Manure management and operation plan
- o Preliminary Management plan for fly and odor control
- o Information on ability to meet designated setback requirements including site plan to scale
- o Documentation of notice to whomever maintains the access road (township, county, and state)
- o Notification, by certified mail, of all adjoining landowners within one mile of the proposed Class C (with more than 800 AU's) or Class D site
- o Notification of public water supply officials
- o Proof of General Liability insurance in the amount of at least \$1,000,000 with an Environmental Protection Insurance rider of at least \$100,000.

ESTIMATED PROJECT CONSTRUCTION COST (including labor): \$ \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

SIGNATURE OF LAND OWNER \_\_\_\_\_  
(If different than applicant)

FOR OFFICIAL USE ONLY

DATE FILED WITH ADMINISTRATIVE OFFICIAL: \_\_\_\_\_

\$300.00/ \$200.00 FEE PAID (NON-REFUNDABLE): \_\_\_\_\_ YES \_\_\_\_\_ NO

DATE OF HEARING: \_\_\_\_\_

ACTION BY BOARD OF ADJUSTMENT: \_\_\_\_\_

EFFECTIVE DATE OF PERMIT: \_\_\_\_\_

A conditional use permit shall expire one (1) year from the date upon which it becomes effective if no work has commenced. Upon written request to the Board of Adjustment and prior to the conditional use permit expiration date, a one (1) year time extension for the conditional use may be granted by the Board of Adjustment.

**MOODY COUNTY**  
**CLASS A or B**  
**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: \_\_\_\_\_

EXISTING ZONING DESIGNATION: \_\_\_\_\_

NUMBER & TYPE of Animals: \_\_\_\_\_

**REQUIRED APPLICATION SUBMISSIONS:**

- ± South Dakota Department of Environment and Natural Resources approved nutrient management plan.
- ± Manure management plan and specifications prepared by or approved by a registered professional engineer, or a Natural Resource Conservation Service Engineer..
- ± Management plan for fly and odor control.
- ± Map of occupied residential structures, businesses and public buildings within required setback Information on ability to meet designated setback requirements including site plan to scale.
- ± Documentation of approved General Permit from South Dakota Department of Environment & Natural Resources.
- ± Notification of whomever maintains the access road (township, county and state).
- ± Notification of public water supply officials.
- ± Notification by certified mail, of all adjoining landowners within two-miles of the proposed site
- ± Project schedule.
- ± Applicant must maintain General liability insurance in the amount of at least \$1,000,000 with an Environmental Protection Insurance rider of at least \$100,000. Proof of such insurance must be received prior to the issuance of a permit and must be provided annually in the month of its startup date of operation of such CAFO.

ESTIMATED PROJECT CONSTRUCTION COST (including labor): \$ \_\_\_\_\_

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 Moody County Zoning Ordinance or any other federal, state, or local law regulating construction or the performance of construction.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

FOR OFFICIAL USE ONLY

DATE FILED WITH ADMINISTRATIVE OFFICIAL: \_\_\_\_\_

FEE PAID (NON-REFUNDABLE): \_\_\_\_\_ YES \_\_\_\_\_ NO

DATE OF HEARING: \_\_\_\_\_

ACTION BY BOARD OF ADJUSTMENT: \_\_\_\_\_

Moody County Special Permitted Use Application

Class C Concentrated Animal Feeding Operation (CAFO) 800-999 Animal Units

Conditional Use Number \_\_\_\_\_ Building Permit Number \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Development Site Legal Description: \_\_\_\_\_

Development Site Street Address: \_\_\_\_\_

Existing Zoning Designation: \_\_\_\_\_

Animal Type: \_\_\_\_\_ #of Animals: \_\_\_\_\_ Animal Units: \_\_\_\_\_

Required Application Submissions:

- Nutrient Management Plan-developed by a Certified Crop Advisor and Meet current NRCS SD standards.
- Manure Management and Operation Plan
- Management Plan for Fly and Odor Control
- Provide General Liability Insurance

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 Moody County Zoning Ordinance or any other federal, state, or local law regulating construction or the performance of construction.

\_\_\_\_\_  
Signature of Applicant Date

For Office Use Only

Date Filed with Administrative Official: \_\_\_\_\_

Fee Paid (Non-Refundable): \_\_\_\_\_ Yes \_\_\_\_\_ No

Date Approved \_\_\_\_\_

Date Denied \_\_\_\_\_

**60 Day Sign Permit**

**MOODY COUNTY**

Permit # \_\_\_\_\_

APPROVED: \_\_\_\_\_

APPLICANT (PRINT): \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City/State/Zip

PLEASE DESCRIBE THE VEHICLE/ TRAILER TO BE USED FOR THE SIGN AND WHAT WILL BE ADVERTISED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

DATE FILED WITH ADMINISTRATIVE OFFICIAL: \_\_\_\_\_

\$25.00 FEE PAID (NON-REFUNDABLE): \_\_\_\_\_ YES \_\_\_\_\_ NO

PARCEL ID# of sign location: \_\_\_\_\_