



ANIMAL WASTE STORAGE FACILITY OPERATION PERMIT

File #: _____
Office Use Only
Revised May 2016

APPLICANT INFORMATION

Property Owner: _____ Contractor/Agent: _____
Mailing Address: _____ Mailing Address: _____
Daytime Phone: (____) _____ Daytime Phone: (____) _____
Cell: (____) _____ Cell: (____) _____
E-mail: _____ E-mail: _____

SITE INFORMATION

Site Address: _____
Property Location: ____ 1/4, ____ 1/4, Sec. _____, T. ____ N., R. ____ W., Town of _____
Computer #: _____ - _____ - _____ - _____ Parcel #: _____ . _____ . _____ . _____

LAND USE INFORMATION

Zoning District (Check one): AG. AG. II RURAL RES. RESIDENTIAL COMMERCIAL INDUSTRIAL
Overlay District (Check all that apply): SHORELAND RIVERWAY FLOODPLAIN ADULT ENTERTAINMENT
Type of Land Use Permit Request (Check one):
 Animal Waste Storage Operation Permit = No charge

State the nature of your request: _____
_____ Zoning Ordinance Reference _____

SIGNATURE

I attest that the information contained in this application is true and correct to the best of my knowledge.

Property Owner Signature: _____ Date _____

Contractor/Agent Signature: _____ Date _____

OFFICE USE ONLY
Complete Application Accepted: ___/___/___ By: _____
Fee Received: ___/___/___ \$ _____ Receipt #: _____

GENERAL APPLICATION REQUIREMENTS

APPLICATION SUBMITTAL REQUIREMENTS:

Applications will not be accepted until the applicant has:

- Met with the Zoning Administrator to review the application;
- The owner/operator shall provide the Community Development Department two paper copies or one digital copy of the as-built drawings clearly documenting changes from the original construction plans.
- The as-built drawings shall be signed and bear the seal of a [professional engineer](#) licensed to practice in the State of Wisconsin certifying that the facility was installed as planned and designed according to standards and specifications.
- 590 [Nutrient Management Plan](#). A nutrient management plan shall be prepared for a landowner by a certified [nutrient management planner](#).
- The owner/operator shall be responsible to verify full compliance with State Agricultural Performance Standards and Prohibitions (Wisconsin Administrative Code Chs. [ATCP 50](#) and [NR 151](#)) using a self-certification form from the Land and Water Conservation Department and shall remain in full compliance with these standards and prohibitions.
- Resolved any land use violations and paid any outstanding fees owed to the Planning and Zoning Department;
- Signed the application form (*the signatures of the property owners and agents acting on their behalf are required*)

REVIEW:

The Zoning Administrator will review the application for completeness and assign a file number to the application. The Zoning Administrator may require additional information and will notify the applicant of this within 10 days. Upon receiving a complete application and supporting documents, the Zoning Administrator will:

- send copies of the applications to the appropriate reviewing agencies for comment.
- schedule a site visit to the applicant's property, at which time the applicant shall flag all applicable property/project corners and label the flags accordingly; and
- review the file and prepare findings for approval or denial of the permit within 60 days. Upon approval, the permit will be mailed to the applicant or to the applicant's agent.

If approved, the land use permit will be valid for one year from the date of the permit issuance. The applicant may also be required to apply through the Town for a local building permit. All site plans, pictures, and other materials submitted with the application become the property of the Planning and Zoning Department and will remain in the file.

CHECKLIST FOR COMPLETE APPLICATION

- Completed and signed application form.
- All the information above under "Application Submittal Requirements"**

NOTE: All maps, plans, and engineering data shall be no larger than 11x17. No covers, binders, or envelopes. Staple or paperclip your application in the upper left-hand corner.