

Permit #: _____

Grant County Animal Waste Storage Facility PERMIT APPLICATION

Name of Applicant: _____

Mailing Address: _____

City, State & Zip: _____

Phone Number: _____

LEGAL DESCRIPTION OF MANURE STORAGE FACILITY LOCATION

TOWNSHIP _____ T _____ N, R _____ W, SECTION _____

Please check the type of permit requested (Fees double if completed after the fact)

Construction/Alteration \$200.00

Closure \$50.00

Type of facility: (Earthen, Concrete, Other-specify) _____

Number and Type of Animals: _____

See Section 90.14 of the Grant County Animal Waste Storage and Nutrient Utilization Ordinance for animal waste storage facility plan requirements. Included w/ permit application (if applicable):

Construction Plan Date: _____ Nutrient Management Plan Date: _____

I hereby certify that all information is complete and correct; that any construction will not begin until issuance of a permit, and; I will allow Grant County Conservation, Sanitation & Zoning Dept. Staff access to the site to determine compliance with the Animal Waste Storage and Nutrient Utilization Ordinance. I also agree to follow the rules set forth in Chapter 90 of the Grant County Ordinance and if I violate such rules, penalties will be assessed per section 90.19

Signature

Date

**Send PERMIT FEE along with completed application to:
Grant County CSZD, 150 W Alona Ln, Lancaster, WI 53813**

For Office Use Only:

Application & Plans received, Date: _____

Permit application received by: _____

Fee Received, Amount & Date: _____

Plans Approved by: _____

Paid by Check #: _____ Cash _____

Permit Issued: _____