Redwood County Environmental Office -- PO Box 130, Redwood Falls, MN 56283 Phone: (507) 637-4023



Animal Confinement Feedlot Conditional Use Permit Application

www.co.r	edwood.mn.us	6								
Dronoc	ad Location	of Ecodi	at Operation:				Permit #:		D	ate:
Propos			ot Operation:		City					
	Address: $ _{\overline{H}}$	ouse #	Street Name		City:			State:	MN	Zip:
	Parcel #:		Township	D <u>:</u>		Section:	Тwp	#:	Ra	ange:
Informa	ation about t	he Opera	<u>ition:</u>							
	General desc	ription of	feedlot operatio	n (includin	ig type and nu	mber of an	imal units, b	arns, and	manure sto	orage plan):
	Legal Descrip	tion of Pr	oposed Feedlot L	ocation:						
<u>Site / P</u>	lan Informati		IOTICE: Change		•	your prop	perty taxes.			
	Zoning Dist	rict:			_					
	Soil Type 1:									
	Soil Type 2:									
	Water sourc	e for the	site:							
	Estimated w									
	Animal									
	Anın	nal Type	8	[
		gallon	s/day/animal	X	numbe	er of anime	als on site	X	number	of days present
	A	0						=		gallons/yr/site
	Animal	<u>∠</u> nal Type	•							
			• s/day/animal	x	numbe	er of anima	als on site	X	number	of days present
		gunon	s, aay, ammar	▲		.r oj unint		=		gallons/yr/site
	Animal	3						-		guilonsy yrysite
		nal Type	:							
		gallon	s/day/animal	x	numbe	er of anima	als on site	x	number	of days present
				£				=	_	gallons/yr/site
	Total G	allons:		0						_
Proposed Building(s) Information: (Please enter dimensions in feet)										
	Building 1:		Length:			ling 3: Wi	dth:	Length		
Building 2: Width: Length:			1	ling 4: Wi		Length:				
		wiuth:	Length:							l

Setback from road right-of-way: ________feet

feet

Estimated date for be	Estimated completion	n date:							
General Contractor:									
Name:		City:	State: MN						
Applicant Information:									
lote: If the applicant is not one natural person, requested information and signature(s) must be provided for each partner/associate/co- pplicant and must include documentation of each co-applicant's legal identity and the legal relationship between them. Each partner/associate/co-applicant must sign or affirm the application before it will be accepted for consideration.									
First Name:	Last N	ame:							
Business Name:									
Address:			: <u>MN</u> Zip :						
Home Phone:	Cell Phone:	Email:							
List any additional applicants:									
Land Owner: Complete only if diffe	aront from Applicant								
		Name:							
Business Name:									
Address:	Cit	y: State	: MN Zip:						
Home Phone:			·						
	er of the land, please specify	the type of agreement the applicant	has with the owner of the						
Feedlot Operator: Complete only if different from Applicant If the operator is not a natural person(s), you must also provide documentation of the operator's legal identity. First Name:									
Business Name:			_						
Address:	City	y: State	: MN Zip:						
Home Phone:	Cell Phone:	Email							
I affirm that the forgoing informati materially misleading, any conditi Redwood County. Applicant(s) Signature(s):	onal use permit issued in	reliance upon this information is							
Landowner Signature		Da	te:						
•Pit Design	Manure SpreadirManure Manage	ng Agreements ment Plan							
Office Use Only * The section below		onmental Office Staff							
Permit fee: \$700.00	Receipt #:								
Application Received:									
Commission Action:		County Board Action:							
Approved:	Date:	Approved:	Date:						
Disapproved:	Date:	Disapproved:	Date:						