



# CONFINED ANIMAL FEEDING OPERATION (CAFO) APPLICATION COVER SHEET

GEM COUNTY DEVELOPMENT SERVICES

109 South McKinley, Emmett, Idaho 83617 www.co.gem.id.us phone: (208) 365-5144 fax: (208) 365-2499

### TYPE OF CAFO APPLICATION:

EXPANSION PERMIT  
(EXISTING)

NEW CAFO PERMIT

SITING PERMIT

TRANSFER OF PERMIT

PROJECT NAME: \_\_\_\_\_

### SITE INFORMATION:

*(This information can be found on the Assessor's property information assessment sheet.)*

Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Total Acres: \_\_\_\_\_

Site Address/ Location of CAFO: \_\_\_\_\_ City: \_\_\_\_\_

Tax Parcel Number(s): \_\_\_\_\_ Current Zoning: \_\_\_\_\_ Current Land Use: \_\_\_\_\_

Latitude and Longitude Coordinates: \_\_\_\_\_ Approx. Number of Animals Currently On Site: \_\_\_\_\_

Type of CAFO (Animal): \_\_\_\_\_

Proposed animal number (anticipated within 10 years): \_\_\_\_\_

### PROPERTY OWNER:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### OPERATOR:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I consent to this application and allow Development Services staff to enter the property for site inspections related to this application.

I certify this information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature: (Owner)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: (Operator)

\_\_\_\_\_  
Date

**NOTE: THIS APPLICATION MUST BE SUBMITTED WITH THE APPLICABLE CHECKLIST (S).**

### OFFICE USE ONLY

File No.: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Receipt No: \_\_\_\_\_



**CONFINED ANIMAL FEEDING OPERATION (CAFO)  
SITING PERMIT  
SUBMITTALS AND CHECKLIST**

*(Not a building permit)*

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This application is the first step in the application process for new CAFOs or those not in existence or registered by June 8, 2011. The information included herein will be sent to members of the CAFO Site Advisory Team to review in preparation for their on-site visit and subsequent report.

A CAFO siting permit and required building permits are required prior to commencing any construction of the new CAFO facility, its waste treatment system, or any improvement made to the site to aid in the construction of the new facility.

**Submittal Requirements for CAFO Siting Permit:**

**APPLICATION FEE:** \$260.00

**DETAILED SITE PLAN:** An 18" X 24" plan showing the detailed information listed on the checklist (see below) which occurs within a one (1) mile radius of the external boundaries of the proposed CAFO property (minimum scale of 1" = 100 feet).

**WATER RIGHTS:** A valid water right or a copy of an application to appropriate water or an application to change the point of diversion, place, or nature of use of an existing water right that has been filled with the Idaho Department of Water Resources, which, if approved, will provide adequate water supply for the operation.

**Detailed Checklist**

<u>SUBMITTALS</u>	<u>APPLICANT</u> (√)	<u>STAFF</u> (√)
FEE		
DETAILED SITE PLAN:		
A) Building locations (existing and proposed on site)		
B) Public water supply wells		
C) Irrigation wells		

D) Existing monitoring or injection wells		
E) Irrigation canals and laterals		
F) Rivers, streams, springs, reservoirs, and wetlands		
G) Any proposed improvements, including but not limited to wells, corrals, roads, etc.		
H) Traffic access (public roads, driveway location, etc.)		
I) Location of residences not owned by the CAFO		
J) Outdoor lighting plan		
K) Setbacks of proposed improvements		
L) Approximate timeframe to complete construction or stages the construction will be completed		
M) Natural drainages on the property		
WATER RIGHTS (per above description)		

The Administrator reserves the right to not officially accept this application until total review is accomplished and all required information is submitted. The date of the site visit will be established upon the acceptance of a completed application.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*FOR OFFICE USE ONLY\*\***

APPLICATION COMPLETION DATE: \_\_\_\_\_

