



NOTIFICATION OF CONFINED ANIMAL FEEDING OPERATION (CAFO) SITING PERMIT OWNERSHIP TRANSFER

Elmore County, Idaho

Receipt # _____ Date Paid _____ Received By: _____ FEE: \$100.00

We are unable to accept facsimile copies. This application must be completed in detail in INK and submitted to the office of the Land Use & Building Department for Elmore County, Idaho.

1. Current CAFO name, address, operator, and daytime phone number: _____

2. Current owner name, address, and daytime phone number: _____

3. Proposed CAFO name, address, operator, and daytime phone number: _____

4. Proposed owner name, address, and daytime phone number: _____

5. Date of ownership transfer: _____

6. Legal description and acreage of CAFO: _____

7. Will there be any changes to the CAFO? yes no If yes, specifically list each change: _____

a. Will the change be to the site plan? yes no If yes, submit new site plan drawn per requirements of the CAFO ordinance for Administrator and/or Commission review.

The applicant(s) hereby verifies that all information contained herein, inclusive of any attachments, is true, correct, and accurate. The applicant(s) understands he/she/they is bound by the representations made by the initial permit holder at any public hearing or meeting, as these representations are a part of the initial approval of the siting permit, by the CAFO Siting and Design Permit, and the CAFO ordinance. The applicant hereby attests to having a copy of the initial CAFO siting and design permit, occupancy certificate, and CAFO ordinance. The applicant understands changes to the approved CAFO Siting and Design Permit may require review during public hearing by the Elmore County Planning and Zoning Commission and approval of a new siting and design permit. The applicant(s) hereby agrees to pay the fees, if any, established by the Board.

_____	_____	_____
Current Property Owner Signature	Print Name	Date
_____	_____	_____
Proposed Property Owner Signature	Print Name	Date

Application approved <input type="checkbox"/> _____, 20____ Application denied <input type="checkbox"/> _____, 20____	
_____	_____
Planning and Zoning Commission Chairperson	Date
Reason for denial: _____	Case# _____