

Meeting Date: \_\_\_\_\_  
Hearing Time: \_\_\_\_\_

**APPENDIX – Y**  
**Waiver from Distance Application**  
**For Concentrated Animal Feeding Operation**

FEE: \$50.00

Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
BP # \_\_\_\_\_

SPINK COUNTY,  
STATE OF SOUTH DAKOTA

TO: Spink County Planning and Zoning Commission

\_\_\_\_\_ (name) is requesting a waiver from the  
Spink County Zoning Ordinance, APPENDIX D – CAFO REGULATIONS at legal \_\_\_\_\_

Type of Confinement operation  
\_\_\_\_\_  
\_\_\_\_\_

Reason Waiver for Distance is requested  
\_\_\_\_\_  
\_\_\_\_\_

Applicant/Owner's Signature \_\_\_\_\_

I understand that along with this application, it is my responsibility to provide a map of the location and a brief description of the confinement plans. It is also my responsibility to obtain a signed and notarized Consent for Waiver from all adjoining landowners.

~~~~~OFFICE USE ONLY~~~~~

Inspection Report \_\_\_\_\_  
\_\_\_\_\_

Inspected by \_\_\_\_\_ Date \_\_\_\_\_

(One must be a County Commissioner)

PASSED 1<sup>st</sup> by \_\_\_\_\_ 2<sup>nd</sup> by \_\_\_\_\_

Conditions (if any): \_\_\_\_\_  
\_\_\_\_\_

DENIED 1<sup>st</sup> by \_\_\_\_\_ 2<sup>nd</sup> by \_\_\_\_\_

Reason denied \_\_\_\_\_  
\_\_\_\_\_