

EXISTING AND CLASS D CONCENTRATED ANIMAL FEEDING OPERATIONS APPLICATION PACKET

General Information

New Class D Concentrated Animal Feeding Operations (less than 250 animal units) and expanding existing Concentrated Animal Feeding Operations (existed before May 26, 1998, and expanding to a maximum extent of 1,000 animal units) may be able to obtain a permit administratively through a zoning permit. To be approved administratively, these specific operation types must meet several minimum criteria. Those which do not meet the minimum criteria must obtain a conditional use permit which involves a public hearing.

Application Requirements

To obtain a permit, it is suggested that the applicant first meet with the Planning Department to discuss the proposed operation and to determine the appropriate application type – zoning permit or conditional use permit. A zoning permit application requires a \$50 non-refundable filing fee.

Specific criteria for a new Class D concentrated animal feeding operation are listed in Section 3.03 (I) of the 1990 Revised Zoning Ordinance for Minnehaha County. The criteria for an expanding existing operation is located in Section 3.03 (J) of the same ordinance. These criteria include requirements for setbacks from neighboring uses, location restrictions, and manure management considerations. A clear and precise site plan is the most useful tool in showing that a proposed operation meets the required criteria. An application should also provide a description of the daily activities of the operation such as manure storage and disposal, type of animals to

be on the property, and the type of facility used to house the animals. Staff may also require additional documents at the time of application.

Approval Process

Once the Planning Department has received the zoning permit application for a concentrated animal feeding operation, the application must be reviewed for compliance. The more organized the application and supporting materials are, the less time the administrative review will take to complete. Planning Staff may place conditions on a zoning permit during the approval of the application. If the application does not meet the ordinance required criteria or the applicant disputes the staff decision on the permit, then the permit can be forwarded through the conditional use permit process with all applicable fees.

Additional Considerations

Regardless of the permit type or process for a proposed concentrated animal feeding operation, staff recommends that the applicant meet with neighboring property owners to discuss proposed plans. Meeting in advance may help the understanding of a proposal and concerns that may arise from the operation.

Contact Information

Please contact the Minnehaha County Planning Department at 605-367-4204 with any questions. All applications may be submitted to our office on the Third Floor of the County Administration Building, 415 N Dakota Avenue, Sioux Falls, SD 57104.



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I/We hereby apply for a zoning permit for the below stated use, and I/we certify that all statements herein and on attached documents are true and correct. I/We understand that any false statements or omissions may result in denial of this permit and jeopardize future permits. I/We grant authority to authorized representatives of Minnehaha County to enter the above noted property at this time and in the future for inspection purposes.

Property/Operation Information – Please Fill Out Each of the Following Items

Legal Description: _____

Address or General Location: _____

Map ID: _____ Parcel ID: _____ Parcel Size: _____

Proposed Use: _____

Type of Operation: _____ Manure Handling: _____

Animal Type and Number: _____

Petitioner/Owner Information - Please Fill Out Each of the Following Items

Petitioner Name: _____ Owner Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Phone: _____ Phone: _____

Address: _____ Address: _____

Email: _____ Email: _____

Office Use Only - Please Do Not Fill Out This Section

Petition Number: _____ Approved By: _____

Date: _____ Signature: _____

Receipt Number: _____ Date: _____