Poultry CAFO Permit Application

Applicant Information:

Name of Applicant _____

Mailing Address_____ **City**_____ **Zip** _____

Phone Number_____ **Email Address** _____

Facility Information:

Name of Facility _____

Facility Location (Legal Description) _____

Mailing Address_____ **City**_____ **Zip** _____

Animal Information:

Type of Animals to be confined _____ **Maximum Capacity** _____

Please check all attachments present:

- ☐ **Biosecurity standards**
- ☐ **Sanitary Standards**
- ☐ **Vicinity Maps**
- ☐ **Site Plan**
- ☐ **Building Plans**
- ☐ **CAFO siting or other applicable information**
- ☐ **Nutrient Management Plan**

Signature of Applicant _____ **Date** _____

Approval Information:

State Approver Signature _____ **Date** _____