



**Land Conservation and Planning & Zoning Department**

700 Main Street

Darlington, WI 53530

Phone: (608) 776-3836

**APPLICATION FOR PERMIT TO CLOSE A MANURE STORAGE FACILITY**

**Fee: \$250**

Type of Facility: ☐ Earthen ☐ Concrete ☐ Other: \_\_\_\_\_

Applicant name: \_\_\_\_\_

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

City & Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

☐ Check box if this is the same as mailing address.

Legal Description: T \_\_\_\_ N, R \_\_\_\_ E, Sec. \_\_\_\_ , \_\_\_\_ 1/4, \_\_\_\_ 1/4

Township: \_\_\_\_\_

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I hereby certify that all information provided is complete and correct; that any construction will not begin until issuance of a permit, and; I will allow Lafayette County Land Conservation and Planning & Zoning Department Staff access to the site to determine compliance with the Manure Storage and Management Ordinance. I also agree to follow the rules set forth in Lafayette County's Manure Storage and Management Ordinance and if I violate such rules, I understand penalties will be assessed.

Landowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return application and permit fee payable to Lafayette County to:**

Lafayette County LCD and P&Z, 700 Main Street, Darlington, WI. 53530

----- **County Use Only Below** -----

Date	Employee Initials	
_____	_____	Application Received
_____	_____	Fee Received <input type="checkbox"/> Cash <input type="checkbox"/> Check, Check # _____
_____	_____	Plans Received
_____	_____	Nutrient Management Plan Received
_____	_____	Plan Review Completed
_____	_____	Permit To Construct Issued

Permit #: \_\_\_\_\_