

DAIRY/FEED LOT APPLICATION FORM (Rev. 11-02)
FOR ZONING PERMIT APPLICATIONS,
PURSUANT TO THE KINGS COUNTY ZONING ORDINANCE

(Please print with ink or type)

Permit No: CUP SPR _____ - _____

SUMMARY INFORMATION FORM FOR ZONING PERMIT APPLICATIONS:

The purpose of this form is to provide information concerning the proposed development to help determine whether it conforms with the provisions of the *Dairy Element* of the *Kings County General Plan* and the current zoning ordinance. Only the owner or owner's authorized agent may submit an application. The following information is necessary to properly and efficiently process the application. Incomplete applications cannot be accepted as complete and may delay the processing of the application until all of the required information is submitted. **Please follow these directions and print or type all answers.** If the information requested is not applicable to the proposal, write N/A in the space. Attachments may be used to better illustrate or explain the project.

PART A: APPLICANT CERTIFICATION

I hereby certify that the statements furnished in this application and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. Furthermore, I hereby certify that I am aware that both on-site and off-site improvements may be required to make the zoning permit valid. **When filing is done by mail or signatures are not witnessed by a Planning Division Representative, signatures must be notarized.**

APPLICANT : _____ ; **DATE:** _____ 20____ ;
(Signature)

Applicant's Name: _____

Mailing Address: _____

City: _____, **State:** _____, **Zip:** _____

Phone No.: (____) _____; **Cell Phone No.** _____ **FAX No.:** (____) _____

PART B: PROPERTY OWNER CERTIFICATION (To be completed if the applicant is not the property owner) I hereby certify under penalty of perjury that I am the owner of the property described in this application and that the applicant is authorized by me to make this zoning permit application for the proposed use on my property. Furthermore, I hereby certify that I understand that both on-site and off-site improvements may be required to make the zoning permit valid. **When filing is done by mail or signatures are not witnessed by a Planning Division Representative, signatures must be notarized.**

PROPERTY OWNER: _____ ; **DATE:** _____ 20____ ;
(Signature)

Property Owner's Name (if different from Applicant): _____

Address: _____, **City:** _____, **State:** _____ **Zip:** _____

Phone No.: (____) _____; **Cell Phone No.** _____ **FAX No.:** (____) _____

If multiple owners, partnership, corporation, trust, estate, etc. please continue on separate sheet

Subscribed and certified by:

Planning Division Representative

Date

Receipt Number:

PART B: (Continued) CERTIFICATION BY ADDITIONAL PROPERTY OWNERS

All additional persons with an ownership interest must sign below

I hereby certify under penalty of perjury that I am the owner of the property described in this application and that the applicant is authorized by me to make this zoning permit application for the proposed use on my property. Furthermore, I hereby certify that I understand that both on-site and off-site improvements may be required to make the zoning permit valid. **When filing is done by mail or signatures are not witnessed by a Planning Division Representative, signatures must be notarized.**

PROPERTY OWNER: _____; **DATE:** _____ 20____; _____
(Signature)

Property Owner's Name (if different from Applicant): _____

Address: _____, City: _____, State: _____ Zip: _____

Phone No.: (_____) _____; Cell Phone No. _____ FAX No.: (_____) _____

.....

PROPERTY OWNER: _____; **DATE:** _____ 20____; _____
(Signature)

Property Owner's Name (if different from Applicant): _____

Address: _____, City: _____, State: _____ Zip: _____

Phone No.: (_____) _____; Cell Phone No. _____ FAX No.: (_____) _____

.....

PROPERTY OWNER: _____; **DATE:** _____ 20____; _____
(Signature)

Property Owner's Name (if different from Applicant): _____

Address: _____, City: _____, State: _____ Zip: _____

Phone No.: (_____) _____; Cell Phone No. _____ FAX No.: (_____) _____

.....

PROPERTY OWNER: _____; **DATE:** _____ 20____; _____
(Signature)

Property Owner's Name (if different from Applicant): _____

Address: _____, City: _____, State: _____ Zip: _____

Phone No.: (_____) _____; Cell Phone No. _____ FAX No.: (_____) _____

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If the title to the property is other than a single, joint or multiple ownership, please use the following space to state precisely in what manner the title to the property is recorded (i.e., partnership, corporation, trust, estate, etc.)

- 1. Name of partnership, corporation, etc.: _____
- 2. Name and title of person authorized to execute this application for the above named corporation: _____

PART C: GENERAL PARCEL INFORMATION (Must be completed by the applicant)

Site address (if assigned): _____, City: _____, Zip Code: _____
Assessor's Parcel No. (APN's): _____

Project description/ Use Proposed: Each application shall include a complete project description which provides a project overview with all applicable information concerning the type of use proposed, hours of operation, number of shifts, number of employees, number and types of vehicles used in the operation. The project description shall also include the project sponsor's purpose and need for the project; project objectives; existing facilities; landscaping; lighting; signage; access/circulation; security and maintenance; fire suppression and safety proposals; storm water protection; water usage; surrounding land uses and setting; and other permits and approvals that may be required. If construction of new facilities is proposed the project should also address grading and compaction; construction and construction schedule; and project design features:

Continued on a Separate Sheet

pursuant to Section _____ of the *Kings County Zoning Ordinance*.

Total Parcel Size: _____ sq. ft. or acres Dimensions: _____ feet wide; by _____ feet deep.
Building size: area _____ sq. ft.; _____ feet wide; by _____ feet long Number of Floors: _____
Number of Employees: _____ Max per shift _____ Is off-street parking provided? No Yes.
Hours of operation _____ Days per week _____ If yes, how many spaces: _____
Number of Accessible Spaces: _____

METHOD OF SEWAGE DISPOSAL (check one):

- ___ Individual septic tank/leach field.
- ___ Public sewer system:
 - ___ Armona Community Service District _____ City of Corcoran
 - ___ Home Garden Community Service District _____ City of Hanford
 - ___ Kettleman City Community Service District _____ City of Lemoore
 - ___ Stratford Public Utility District ___ Other (Describe): _____

WATER SUPPLY SOURCE (check one):

- ___ Individual domestic well.
- ___ Public water system:
 - ___ Armona Community Service District _____ City of Corcoran
 - ___ Home Garden Community Service District _____ City of Hanford
 - ___ Kettleman City Community Service District _____ City of Lemoore
 - ___ Stratford Public Utility District ___ Other (Describe): _____

PART D: ZONING INFORMATION (To be filled out by Planning Div.)

Zone District Classification of the site: -----
Is a change of zone proposed? ----- Yes No.
Is an engineered septic tank/leach field system required? ----- Yes No.
Is the site in a Flood Zone? ----- Yes No.
If yes, Panel No. 06031C-_____; Zone _____.
Is the site in a floodway? ----- Yes No.
Is the site restricted by Land Conservation (Williamson Act) Contract? ----- Yes No.
If yes: Preserve No. ____-_____, and Contract No. _____.
Is the site located within the Enterprise Zone: ----- Yes No.
Is the site located within an Airport Compatibility Zone? ----- Yes No.
If yes: Compatibility Zone _____
Is the property located within a City Primary Sphere? ----- Yes No.
Is the property located within a City Secondary Sphere? ----- Yes No.

PART E: TYPE OF CEQA REVIEW REQUIRED (To be filled out by Planning Div.)

If the project is Categorical Exempt, give Class: _____,
If project is a ministerial project, cite classification: _____
Is environmental review required? No Yes; If yes, attach environmental information form.

PART F: HAZARDOUS WASTE SITE DATA (Must be completed by the applicant)

Pursuant to Section 65962.5(f) of the California Government Code, which states:

"(f) Before a lead agency accepts as complete an application for any development project which will be used by any person, the applicant shall consult the lists sent to the appropriate city or county and shall submit a signed statement to the local agency indicating whether the project and any alternatives are located on a site that is included on any of the lists compiled pursuant to this section and shall specify the lists."

The following statement must be completed by the owner of the subject property or the owners authorized agent before this application can be certified complete by the Kings County Planning Division:

STATEMENT:

I have reviewed the attached "Cortese List Data Resources" list(s) from the www.calepa.ca.gov website and state that:

The subject site(s) of this application ___ is / ___ is not on the " Cortese List Data Resources " lists.

Site Address: _____ Site APN: _____

PART G: SITE PLAN DRAWING; INSTRUCTIONS FOR PREPARING A SITE PLAN DRAWING

(This must be completed by the applicant):

The site plan must be drawn in a neat and legible manner on paper a minimum of 8½ by 11 inches to a maximum of 24 by 36 inches in size. The scale must be large enough to show all details clearly. Twenty-two (22) copies of the site plan and technical report must be submitted with this application form (21 copies may be submitted on CD). If additional copies will be necessary you will be notified. The following information must be included on the site plan. **Site plans for commercial and industrial projects shall be professionally drawn to scale and shall include elevation drawings of all structures, proposed or existing.**

- a. Name and address of the legal owner of the site, and of the applicant, if not the owner.
- b. Address of the property, if it has been assigned.
- c. Assessor's Parcel Number(s) (APN's).
- d. Date, north arrow, and scale of drawing.
- e. Dimension of the exterior boundaries of the site.
- f. Name all adjacent streets, roads, or alleys, showing right-of-way and dedication widths, reservation widths, and all types of improvements existing or proposed.
- g. Locate and give dimensions of all existing and proposed structures on the property. Indicate the height and depth of the buildings and their distance to at least two (2) property lines. For structures that are proposed near or along streets in an agricultural zone district, also provide the distance from the structure to the centerline of the street.
- h. Show access, internal circulation, parking, and loading space. Detail off-street parking, exits and entrances, complete with dimensions and numbers of parking spaces, including accessible spaces.
- i. Show all walls, fences and gates; their locations, heights, materials and/or type.
- j. Show all signs; their location, size, height, and material used.
- k. Note all external lighting; location and the general nature and hooding devices.
- l. Indicate location of existing and proposed septic tanks and leach lines, and water wells within 50 feet of the property if the proposed use is not connected to a municipal water and sewer system (i.e. City of Hanford, Armona CSD, etc.).
- m. Show all water courses on site and within 100 feet of the property.
- n. Indicate method of storm water drainage.
- o. Note the distances to the nearest fire hydrant and proposed method of fire protection.
- p. Note any special method of fire protection (i.e., water tanks, new fire hydrant, etc.).
- q. Show existing and proposed landscaping.
- r. The location of all wells (include a 100 foot setback arc).
- s. Location of the dead animal storage area.
- t. Location of any abandoned oil or gas wells.
- u. Other data may be required to permit the zoning administrator to make the required findings.
- v. The applicant should include any additional information that may be pertinent or helpful concerning this application.

PART H: DAIRY INFORMATION SHEET, Kings County Planning Division

1. DAIRY OWNER/OPERATOR INFORMATION:

Name of Dairy _____
 Name of Owner or Operator: _____
 Address of the Dairy Facility: _____

Mailing Address if different: _____

Phone No.: (____) _____ (during business hours) / Cell Phone No. _____

2. **ZONING PERMIT INFORMATION:** If zoning permits have been issued for this facility in the past, please indicate the permit numbers and the years issued: _____

3. DAIRY OPERATIONAL INFORMATION:

a. For Dairy Expansions, date dairy was first established: _____

b. For inactive dairies, the date milking stopped: _____

c. Breed of cattle (circle one): A. Jersey, B. Guernsey, C. Holstein, D. Other or Combination (explain on separate sheet).

d. Herd Size and Breakdown <u>(On the Dairy Site only*)</u>	Proposed herd level	For expansions indicate existing herd data:
1) Milk Cows	_____ head	_____ head
2) Dry Cows & Bred Heifers	_____ head	_____ head
3) Heifers (1 yr. to breeding)	_____ head	_____ head
4) Calves (3 months to 1 yr.)	_____ head	_____ head
5) <u>Baby Calves (less than 3 mo.)</u>	_____ head	_____ head
TOTAL	_____ head	_____ head

* Dairy Site – All the land used for a Dairy including the Dairy Facility and associated agricultural land.

e. Dairy Process Water Management System: (Check one or describe on a separate sheet)

- ___ 1) Free stalls (milk cows)/Scraped corrals (support stock)
- ___ 2) Flushed Corrals (all cows)
- ___ 3) Scraped Corrals (all cows)
- ___ 4) Other, (describe on attached sheet)

f. **STORAGE LAGOON CAPACITY CALCULATIONS:** _____ (use separate sheet if necessary).

5. AVAILABLE LAND: List all APN's owned or under wastewater agreement APN's:

- a. Dairy Facility area (corrals, barns, lagoons, storage, etc.) _____ acres _____ APN's
- b. Dairy's Cropland, Type of Crops grown and acreage of each:
 - 1) _____ acres _____
 - 2) _____ acres _____
 - 3) _____ acres _____
 - 4) _____ acres _____
 - 5) _____ acres _____
- Cropland, total acres _____ acres

6. **CERTIFICATION:** To the best of my knowledge, the above information is the true and correct information concerning this dairy:

Print Name: _____ Signature: _____ Date: _____

PART I: TECHNICAL REPORT

The Technical Report must be prepared by a professional engineer or other professional as indicated in the various components of the Technical Report. The policies associated with the Technical Report components are shown in parentheses after the component title. Twenty (20) copies of the Technical Report shall be submitted with the application form. The following information is the minimum that must be included in the Technical Report. See attached Technical Report Guide.

- 1a. Geotechnical Report (Policy DE 2.1f, 3.2b and 4.1a.B.2.c),
- 1b. Groundwater Evaluation (Policy DE 1.2d, 3.2a, 6.2f, and 6.4d),
- 1c. Soils Evaluation (Policy DE 3.2b),
- 1d. Hydrologic Sensitivity Assessment (HSA) (Policy DE 1.2f, 3.2a, 3.2h),
- 1e. Gas and Oil Well Evaluation (Policy DE 3.5a, 3.5b),
- 2a. Manure Nutrient Management Plan (MNMP) (Objective 4.1, Policy DE 3.2b, 3.2c, 3.2d, 3.2e, 4.1a, 4.1b, 4.1c, 4.1e, and 4.1f),
- 2b. Comprehensive Dairy Process Water Application Plan (CDPWAP) (Objective DE 4.2, Policy DE 3.1i, 4.2a, 4.2b, 4.2c, 4.2d and 5.1b),
- 2c. Odor Management Plan (OMP) (Policy DE 5.1b and 6.2d),
- 2d. Irrigation Management Program (IMP) (Policy DE 3.2a, 3.2b, 3.2d, 3.2e, 4.1b),
3. Hazardous Materials Business Plan (HMBP) (Policy DE 4.3a),
4. Pest and Vector Management Plan (PVMP) (Policy DE 4.3b),
5. Dead Animal Management Plan (DAMP) (Policy DE 4.1d),
6. Biological Resources Survey (Policy DE 1.2e, 3.3a),
7. Cultural Resources Evaluation by the California Historic Resources Information System (CHRIS) (Policy DE 3.1d and 3.1e),
8. Traffic Impact Study (Policy DE 3.1f, 3.1g),
9. Fugitive Dust Emissions Control Plan (FDECP) (Policy DE 5.1e, 5.1g, 5.1h, and 6.2c),
10. Light, Glare, and Noise Assessment (Policy DE 3.1h and 3.1i).

PART J: MONITORING PROGRAM:

The monitoring requirement for new and expanding dairies is based on the CEQA requirement set forth in *CEQA Guidelines* Section 15097 and the Final Program EIR for the *Dairy Element*. The *Dairy Element* requires that a “mitigation monitoring and reporting program” be adopted and carried out to ensure that potential significant adverse effects to the environment and required mitigation measures are monitored to ensure that the operation stays within the limits of the *Dairy Element* program.

INDIVIDUAL DAIRY MONITORING PROGRAMS:

The *Dairy Element* monitoring and reporting program requires monitoring and documentation of that monitoring by all new and expanding dairies. All records, reports, plans, programs, documentation and other material required as part of the monitoring and reporting requirements shall be maintained on the dairy site, and shall be made available to the Kings County Code Compliance personnel upon request for review and inspection.

The Dairy Monitoring Program developed and implemented by an individual dairy shall include all monitoring requirements of the *Dairy Element* and the Mitigation Monitoring Plan in the Dairy Element’s Final Program EIR, and any other specific requirements.

PART K: INDEMNIFICATION AND REIMBURSEMENT FOR EXTRA-ORDINARY COSTS AGREEMENT:

Each application for a new or expanding dairy shall be accompanied by a fully executed agreement that the applicant will indemnify and hold Kings County and its officials and departments harmless in the event that extraordinary costs are incurred in processing the application as a result of a challenge to the project. If the Applicant is different than the owner, Kings County will provide an appropriate agreement form.