

5. Date of original AFO approval:

TWIN FALLS COUNTY COMMUNITY DEVELOPMENT SERVICES

Date Received:

(No Cost)

630 Addison Avenue West, Suite 1100, Twin Falls, Idaho 83301 Ph. 208-734-9490 Fax. 208-733-9645 www.twinfallscounty.org

ANIMAL FEEDING OPERATIONS TRANSFER OR SALE PERMIT

CURRENT PROPERTY OWNER (BUYER) SELLER Name: Name: Address: Address: City: City: Phone: Cell or other #:____ Cell or other #:_____ Is the property currently being leased? **LESSEE** ☐ No ☐ Yes Name: Address: Will the property be leased in the future? City: Yes Phone: If yes, fill out the lessee information. Cell or other #: Name of Operation: Address or general location: _____ City: _____ Total Acreage of operation (include all parcels): **GENERAL INFORMATION** 1. **Parcel** #(s): (i.e. RP10S18E150000 or RPOK3838999100 – obtained on your tax information or from the County Assessor's Office) Use separate page if needed. 2. Copy of deed showing ownership including legal description (Obtained from the County Clerk's Office) 3. Section: _____ Township: _____ Range: ____ 4. **Zone**: Ag Zone (40 acre zone):_____ Ag Pres (160 acre zone):_____

6. Animal Type applying for:	Animal Units:
7. Current Animal Type:	Animal Units:
(If expanding or changing species)	
Any modifications or expansions, or any increase or change of location of structur County Ordinance in place and requirements of State agencies (i.e. Department of rights, Department of Agriculture, the Department of Environmental Quality, etc). must also meet these requirements prior to any change of the operation. Permits a office.	Water Resources regarding water An existing animal feeding operation
Signature of Seller	Date
Signature of Buyer	Date