

APPLICATION FOR
AGRICULTURAL ADVISORY REVIEW

Application # _____

The undersigned requests an Agricultural Advisory Review. Should this application be recommended to the Board of Adjustment, it is understood that it shall only authorize that particular use described in this application and any conditions or safe guards recommended by the Review Committee.

1. NAME OF OWNER _____
ADDRESS _____
PHONE NUMBER: HOME _____ BUSINESS _____

2. LOCATION DESCRIPTION:
I. PROPERTY ADDRESS _____ II. FIREGATE _____
III. DEED BOOK & PAGE NO. _____
(Attach a legal description and, if platted, attach a copy of plat).

3. PROPERTY PRESENTLY ZONED: _____

4. DESCRIPTION OF EXISTING AGRICULTURAL ACTIVITIES:

7. DESCRIPTION OF PROPOSED AGRICULTURAL ENTERPRISE:

8. ATTACH A SITE PLAN FOR THE PROPOSED USE SHOWING THE LOCATION OF BUILDING, PARKING AND LOADING AREAS, TRAFFIC ACCESS AND CIRCULATION DRIVES, OPEN SPACE, LANDSCAPING, UTILITIES, SIGNS, REFUSE AND SERVICE AREAS, ADJOINING PROPERTY OWNERS NAMES AND ADDRESSES, AND ANY OTHER INFORMATION THE COMMITTEE MAY NEED TO REVIEW THE REQUEST.

9. ATTACH A CERTIFICATE FROM THE WOODFORD COUNTY HEALTH DEPARTMENT VERIFYING THAT AN APPROVED ON-SITE SEWAGE DISPOSAL SYSTEM HAS BEEN APPROVED FOR THE PROPOSED AGRICULTURAL ENTERPRISE.

10. ATTACH A COMPLETED "DECISION TREE".

11. ATTACH A COPY OF AN AG DEVELOPMENT FUND PHASE I COMPLETED APPLICATION, IF AVAILABLE, AND/OR A BUSINESS PLAN.

DATE

OWNER'S SIGNATURE

PRINT NAME

FOR OFFICIAL USE ONLY

Recommendation of Agricultural Advisory Review Committee: APPROVED _____ DENIED _____

If approved, the following conditions and safeguards were prescribed:

If denied, reason(s) for denial:

Woodford County Agricultural Advisory Review Committee

Date

Chairman

DATE OF NOTICE TO NEWSPAPER _____

DATE OF PUBLIC MEETING _____

DATE OF RECOMMENDATION _____

Planning Director

Date Filed