

DEUEL COUNTY
WIND ENERGY SYSTEM (WES) APPLICATION PERMIT NUMBER _____

APPLICANT (PRINT): _____ PHONE: _____

ADDRESS: _____

OWNER (PRINT): _____ PHONE: _____
IF DIFFERENT THAN APPLICANT

ADDRESS: _____

DEVELOPMENT SITE LEGAL DESCRIPTION: _____

DEVELOPMENT SITE STREET ADDRESS: _____

EXISTING ZONING DESIGNATION: _____

REQUIRED APPLICATION SUBMISSIONS:

- Haul roads identified
- Soil erosion and sediment plan
- Boundaries of the site proposed for WES and associated facilities on United States geological survey map or other map as appropriate.
- Map of easements for WES.
- Copy of easement agreements with landowners.
- Map of occupied residential structures, businesses and public buildings.
- Map of sites for WES, access roads and utility lines.
- Proof of utility right-of-way easement for access to transmission lines.
- Location of other WES in general area.
- Project schedule.
- Mitigation measures.

PLEASE DESCRIBE THE PROPOSED WORK: (be specific as to size of buildings, lots, construction materials, etc)

ESTIMATED PROJECT CONSTRUCTION COST (including labor): \$ _____

NOTE: A SITE AND AREA PLAN OF THE PROPOSED WES SHALL ACCOMPANY THIS APPLICATION, SHOWING THE FOLLOWING:

- | | |
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| 1. NORTH DIRECTION | 5. DIMENSIONS OF FRONT AND SIDE SETBACKS |
| 2. DIMENSIONS OF PROPOSED STRUCTURE | 6. LOCATION OF ADJACENT EXISTING BUILDINGS |
| 3. STREET NAMES | 7. OTHER INFORMATION AS MAY BE REQUESTED |
| 4. LOCATION OF PROPOSED STRUCTURE ON LOT | |

I hereby certify that I have read and examined this application and know the information contained herein to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I further understand and agree that the granting of a permit does not presume to give authority to violate, cancel or variance the provisions of the Deuel County Zoning Ordinance or any other federal, state, or local law regulating construction or the performance of construction.

SIGNATURE OF CONTRACTOR DATE

SIGNATURE OF APPLICANT DATE

SIGNATURE OF OWNER DATE
(IF DIFFERENT THAN APPLICANT)

FOR OFFICIAL USE ONLY

FEE PAID:

PERMIT ISSUED

PERMIT EXPIRES

DATE:
DATE:
DATE:

REASONS FOR DENYING PERMIT:
