

# Wells County Area Plan Commission

## Requirements for a CAFO

Filing and Meeting dates are available at the Area Plan Commission Office and the Wells County Area Plan Commission Web Site (<http://www.wellscounty.org/apc.htm>)

Copies of the Wells County Zoning Ordinance and Wells County Subdivision Control Ordinance are available for purchase at the Wells County Area Plan Commission Office or may be viewed and printed online at the Wells County Area Plan Commission Web Site (<http://www.wellscounty.org/apc.htm>)

### 1) FEES

- a. Filing Fee: \$100.00 (Payable to Area Plan Commission)  
(Filing fee set forth by the Wells County APC Fee Schedule)
- b. Sign Fee: \$10.00 (Payable to Area Plan Commission)  
(Public advertisement sign required by APC Rules of Procedure)
- c. Legal Add: \$92.00 (Payable to Bluffton News Banner)  
(Legal advertisement required by IC 5-3-1)

### 2) Filing

- a. Filled Out and Signed Petition
- b. Current Deed for the affected property
- c. 5 copies of the plat **Must Be 24" x 36"**
- d. Adoption and implementation of an environmental management system (EMS) recognized by the Indiana Department of Environmental Management - **OR** - the applicant has a Natural Resource Conservation Service (NRCS) approved soil conservation plan for all acreage on which manure is applied.
- e. The IDEM approved manure management plan and closure plan.
- f. Status of any applicable permits from other regulatory agencies
- g. Copy of Notice of Agriculture Activity Form (if property is zoned A-1 or A-R)

### 3) APPEAL PERIOD: **30 DAYS**

(State required appeal period set forth in IC 36-7-4)

\* All Fees Are Not Refundable

\* As A Petitioner You Are Responsible For Reviewing The Wells County Zoning Ordinance And Subdivision Control Ordinance Requirements For Your Petition. The Area Plan Commission Office Staff Will Be Available To Answer Any Questions You May Have.

\* A COMPLETE FILING DOES NOT GUARANTEE APPROVAL. (THE FILING MUST MEET THE APPLICABLE REQUIREMENTS OF THE WELLS COUNTY ZONING AND SUBDIVISION CONTROL ORDINANCE TO BE APPROVED.)

APC STAFF: Michael Lautzenheiser Jr. (Director); Amanda Studebaker (Administrative Assistant); Tracey Ulmer (Part-Time Clerical)

# CAFO Petition

**PETITION FOR CAFO APPROVAL:** (APC OFFICE) \_\_\_\_\_

Owner of Real Estate (Petitioner): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Plans Prepared By: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Property Location: \_\_\_\_\_

Property Description: \_\_\_\_\_

Proposed CAFO: \_\_\_\_\_

Current Zoning Classification: \_\_\_\_\_

Comes now the Area Plan Commission and in support of granting "Petitioner's" Petition for CAFO makes the following Findings of Fact, to wit:

"Petitioner" filed a Petition for a CAFO as to the following described real estate located in \_\_\_\_\_ Township, Wells County, Indiana; more particularly described on Exhibit A attached hereto.

The sign as required by the Plan Commission has been duly posted in accordance with the Rules of Procedure of the Plan Commission more than fourteen days prior to the Plan Commission hearing.

On \_\_\_\_\_, the Area Plan Commission conducted a public hearing on the Petition in accordance with the Rules of Procedure of the Area Plan Commission and the following evidence was heard.



(6) The proposed CAFO meets the required setbacks for manure

a. Does The Petition Meet the Requirement? (YES or NO)

b. What Type of Application Method(s): \_\_\_\_\_

c. Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PETITIONER'S SIGNATURE:**

\_\_\_\_\_  
Signature Date Signature Date

\_\_\_\_\_  
Signature Date Signature Date

(This petition must be signed by 50% of the owners/sellers. If the power of attorney or the trustee is filing this petition then the proper paperwork shall be submitted proving their title to the Area Plan Commission)

(FOR APC OFFICE USE ONLY)

Board of Zoning Appeals Variance(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Area Plan Commission Waiver(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Conditions or Commitments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Wherefore, based upon the above findings of fact and upon the Motion of \_\_\_\_\_,  
duly seconded by \_\_\_\_\_, the Petition for a CAFO by "Petitioner" is hereby granted  
by a vote of \_\_\_\_\_ in favor and \_\_\_\_\_ opposed.

Granted this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Area Plan Commission President

\_\_\_\_\_  
Area Plan Commission Secretary

**NOTICE OF AGRICULTURAL ACTIVITY**

TO: ALL PETITIONERS IN AGRICULTURAL ZONED AREAS OF **WELLS** COUNTY, INDIANA

This notice is given to you because of your petition to move into an area of **Wells** County that is zoned for Agriculture.

The purpose of this notice is to assure you are aware that all agricultural operations are allowed in this area.

Agricultural activity may include, but is not limited to, grazing of livestock, confined feeding of livestock, application of animal manure to land, application of herbicides and pesticides to fields and growing crops, creation of dust from field operations and noise from livestock and machinery operations which includes the drying and transportation of grain, sometimes with machinery that has a "Slow Moving Vehicle" emblem on it, meaning it is traveling at 25 mph or less.

People who choose to live in these areas must understand that agricultural operations may be occurring nearby.

You must also understand that Indiana has a "RIGHT TO FARM" law that protects farm operations from unwarranted nuisance suits by neighbors who move next to an existing farm operation. Farm operations do not constitute a nuisance so long as they are not negligently maintained, do not endanger human health and do not cause bodily injury to third parties.

By signing this notice form you verify that you have received it, read it and understand it. You are not giving up the right to seek redress for negligence by individuals associated with a farm operation or by other residents of the area.

I, \_\_\_\_\_ CERTIFY THAT I HAVE RECEIVED THIS NOTICE. I HAVE READ IT AND I UNDERSTAND IT.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date