



Request for Transfer of Existing Prior Use LCO, Grandfathered Right, or CAFO Permit

New Owner/ Authorized Agent
(Attach additional pages if Necessary)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Contact Phone # _____

Email: _____

Owner of Record
(Attach additional pages if Necessary)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Contact Phone # _____

Email: _____

Affidavit of Transfer:

I, _____, residing at address listed above under New Owner/Authorized Agent, have purchased the CAFO Permit/ Prior Use LCO /

Grandfather Right located at: Location of Property: _____.

Parcel Number(s) _____.

Legal Description of Property: (Attach if Necessary) _____.

Existing Use of Property: _____.

Current Zoning District of the premises: _____.

Said Operation holds CAFO / Prior Use Permit # _____.

This operation contains: _____ Animal Density Acres, and is permitted for a maximum capacity of _____ Animals and/or _____ AU's.

As the new owner of this operation and land, I agree to assume all duties and responsibilities of the previous owner _____, under the existing CAFO / Prior Use LCO / Grandfather Right and conditions attached thereto, and any agreements in force with respect to said permit.

Dated this _____ day of _____, 20_____.

Signature of New Owner/
Authorized Agent _____

Applicant/Owner Certification:

I/We hereby certify that all information submitted for this transfer of CAFO is true and accurate, is prepared to the best of my ability and knowledge, and request that this transfer be processed. Additionally, I hereby authorize agents of the county to enter upon this subject property for purposes of review concerning the pending transfer and for determining compliance with applicable county regulations.

Note: If you are signing on behalf of an entity, provide documentation of proof of authorization to sign on behalf of said entity. (Please Attach)

Signature of Owner approving Transfer

Date

Printed Name : _____

Signature of New Owner of Record/Authorized Agent

Date

Printed Name: _____

State of _____)

ss.

County of _____)

On this _____ day of _____, 20 _____, before me, the undersigned Notary Public for the State of Idaho personally appeared _____, known or identified to me, to be the person(s) whose name(s) are subscribed to the within instrument, and acknowledged to me that they executed the same.

Notary Public for Idaho

Residing at: _____

My Commission Expires: _____