



NONRESIDENTIAL FARM BUILDING APPLICATION

This application shall be used to document nonresidential farm buildings.

FOR OFFICE USE ONLY

APP'N #:

DATE:

OWNER: _____
ADD: _____ STE: _____
CITY: _____
ST: _____ ZIP: _____ CNTRY: _____

PROJECT: _____
PCN: _____
ADD: _____ STE: _____
CITY: _____

WORK DESCRIPTION INCLUDING SQUARE FOOTAGE: _____

OWNER BUILDER
 CONTRACTOR (CERT. HOLDER): _____ License #: _____
DBA (COMPANY NAME): _____ Contact Person: _____
ADD: _____ STE: _____ CITY: _____ ST: _____
PHONE: _____ FAX: _____ EMAIL: _____

THIS PROPOSED STRUCTURE WILL BE SUBJECT TO BUILDING DIVISION PLANS EXAMINER REVIEW FOR FLOODPLAIN MANAGEMENT REGULATION. THE PROPOSED STRUCTURE WILL BE ALSO BE SUBJECT TO REVIEW BY FIRE RESCUE, UNLESS THE APPLICANT, BY CHECKING THE BOX BELOW REPRESENTS THAT THE OWNER OF THE STRUCTURE WILL NOT ALLOW OCCUPANCY OF MORE THAN 35 PERSONS, OR ALLOW THE STRUCTURE TO BE USED BY THE PUBLIC FOR DIRECT SALES OR EDUCATIONAL OUTREACH.

THIS REVIEW DOES NOT IN ANY WAY CREATE ANY RIGHTS ON THE PART OF THE APPLICANT TO OBTAIN A PERMIT FROM A STATE OR FEDERAL AGENCY AND DOES NOT CREATE ANY LIABILITY ON THE PART OF THE COUNTY FOR THE REVIEW IF THE APPLICANT FAILS TO OBTAIN REQUISITE APPROVALS OR FULFILL THE OBLIGATIONS IMPOSED BY A STATE OR FEDERAL AGENCY OR UNDERTAKE ACTIONS THAT RESULT IN A VIOLATION OF STATE OR FEDERAL LAW. ALL APPLICABLE STATE OR FEDERAL PERMITS MUST BE OBTAINED BEFORE ANY DEVELOPMENT IS COMMENCED.

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS REVIEW, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES OR FEDERAL AGENCIES.

I HEREBY CERTIFY THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

I HEREBY CERTIFY THAT I WILL NOT ALLOW OCCUPANCY OF MORE THAN 35 PERSONS IN THIS STRUCTURE AND WILL NOT ALLOW IT TO BE USED BY THE PUBLIC FOR DIRECT SALES OR EDUCATIONAL OUTREACH. (Check, if Applicable)

OWNER (or Authorized Agent) DATE _____

(PRINT NAME)
The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20____ by _____
(name of person acknowledging). He/She is personally known to me or has produced _____
(type of identification) as identification and did or did not take an oath.

(Name – type, stamp or print clearly) (Signature)
My Commission Expires on: _____ Notary's seal or stamp: