



**IOWA COUNTY OFFICE OF PLANNING & DEVELOPMENT**

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**MANURE FACILITY CHANGE IN USE APPLICATION**

Nonrefundable review fee is \$350, payable to Iowa County Planning

Applicant's name: \_\_\_\_\_ Phone/email \_\_\_\_\_

Site of facility: \_\_\_1/4 \_\_\_1/4 S\_\_\_-T\_\_\_N-R\_\_\_E      Town of: \_\_\_\_\_

Site address: \_\_\_\_\_

Approximate size of facility: \_\_\_\_\_ ft wide by \_\_\_\_\_ ft long by \_\_\_\_\_ ft deep

Approximate facility age: \_\_\_\_\_ years    Are original construction plans available? \_\_\_Y \_\_\_N

Last year of use: \_\_\_\_\_      Anticipated reuse date: \_\_\_\_\_

**Change in Use Information**

Section 1-5(5)(f) of the Ordinance 400.18 states: *The manure storage facility may be converted to other uses, where it is demonstrated the conversion will not result in a degradation of ground and/or surface waters or be a threat to public health, safety or general welfare. Approval of the proposed use may be required under general zoning regulations.*

The applicant may be required to provide evidence from authorized or qualified professionals deemed necessary to assure compliance with this ordinance provision. The standards of this ordinance may apply on a case by case basis depending upon the proposed change in use.

Please describe in detail the intended change in use of the existing facility

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2. Please include with this application a plan that includes:

- An aerial photo of the site with the facility identified (an aerial can be requested from this office)
- A drawing or plan of any proposed construction or modification of the facility
- A tentative timeline for the project

By signing below, the owner/applicant assumes all responsibility and liability for the post-project structural integrity of the facility.

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Applicant

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Date

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Owner (if different than the applicant)

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Date

By signing below, I understand and agree to follow the provisions of Ordinance 400.18 and agree to cooperate with Iowa County staff to assure the adequate protection of groundwater resources during the process.

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Applicant's signature

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Date

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**Office Use Only**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Fees paid \_\_\_\_\_ Check # \_\_\_\_\_

Additional information required \_\_\_yes \_\_\_ no -- if yes, date received \_\_\_\_\_

Reason for denial: \_\_\_\_\_