



Salvage Yard Permit

Date: _____ (mm/dd/YYYY) **Fee: \$100.00**

Permit Number: _____

Applicants Name: _____ (Last) _____ (First)

Address: _____ (Street) _____ (City) _____ (Zip)

Telephone Number: _____ (Home) _____ (Office) _____ (Cellular)

Property Owners Name: _____ (Last) _____ (First)

Address: _____ (Street) _____ (City) _____ (Zip)

Attach Map of Location and propose storm water run-off and control:

Prepare and attach sketched plan of site lay-out

Provide a Community Impact Statement as to the affects of the proposed Salvage Yard on:

1. Description of proposed contents of salvage yard:

2. Affects on Residential, Business and Commercial Property investments and values:

3. Impact on Community Growth and Development:

4. Impact on:

- a. Utilities:**
- b. Health:**
- c. Education:**
- d. Recreation:**
- e. Safety:**
- f. Welfare:**
- g. Community Convenience:**

5. Hours of Operations:

6. Identification of possible storage or discharge of Hazardous Wastes:

Type of Waste:

Discharge Arrangement:

7. Economic and/or social impacts on the community:

8. Has an application been made for other required permits and/or licenses?

Yes:

No:

Signature of Applicant