



Salvage Yard Permit

Date: _____

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