

The City of Empire

Permit No. _____

SEASONAL MINERAL EXTRACTION PERMIT

INTERIM USE PERMIT APPLICATION

Applicant - Name: _____
Street Address: _____
City/State/Zip: _____
Telephone: _____
Contact Person: _____

Land Owner - Name: _____
Street Address: _____
City/State/Zip: _____
Telephone: _____

Legal Description - Quarter Section(s): _____
Section(s): _____

Site Acreage: _____
Permit Acreage: _____

Current Land Use Designation: _____
Current Zoning District: _____
In Mineral Extraction Overlay District? _____ Yes _____ No

Material Description: _____
Estimated Extraction Quantity: _____
Number of Phases in Operation: _____
Estimated Years of Operation: _____
Estimated Annual Extraction: _____

Vehicle Use Description: _____

Equipment Use Description: _____

Mineral Extraction
IUP Application
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Estimated Average Daily Truck Trips -

Company Owned: _____

Non-company Owned: _____

Estimated Peak Daily Truck Trips -

Company Owned: _____

Non-company Owned: _____

Haul Routes in City of Empire: _____

Supporting Documentation

Section 5.02 of Ordinance No. 450 requires submittal of supporting documentation with any application for mineral extraction. This application will be considered incomplete for processing if received without all required information.

Fees and Reimbursements

Section 11 of Ordinance No. 450 requires prepayment of application and estimated processing fees, as well as reimbursement of all additional out of pocket expenses incurred by the City of Empire in processing the application (2009: \$1000.00 non-refundable application fee and \$3000.00 consultant escrow).

Permit Term

Seasonal mineral extraction has a maximum duration of one calendar year, excluding site rehabilitation, which must be completed by June 1 of the subsequent year.

AGREEMENT:

I certify, to the best of my knowledge, the application documentation submitted is correct, I am authorized to execute this document and I agree to reimburse the City of Empire for all out of pocket expenses incurred in the review and processing of this application.

Signature: _____

Name: _____

Title: _____

Date: _____

Signature of Owner (If different from applicant): _____

FOR CITY OF EMPIRE USE ONLY

Date Application Received: _____

Date Application Complete: _____

Application Fee Amount: _____

Date Received: _____

Date Environmental Review Complete: _____

Public Hearing Dates:

Comprehensive Plan: _____

Zoning: _____

Interim Use: _____

Planning Commission Recommendation:

City Council Action:

Development Agreement Date: _____

Permit No.: _____