

## **Temporary Grazing Permit Application**

Date:		
Applicant Information (Applicant MUST be t		
Home Phone:	Coll Phone:	
Home Phone: Email Address:		
Property Information		
Property Address:		
Parcel ID:		
Property Description:		
Animal Information		
Number and Type of Animal	Number and Type of Animal	
Adjacent Property Owner Information Adjacent Property Owner		
Name:	Signature:	
Name:		
Name:		
Name:		
Name:	Signature:	

\*The Application for Temporary Grazing Permit shall be completed and submitted to the Smithfield City Offices. The fee shall be based on the most recent Smithfield City prevailing fee schedule. The applicant will provide signatures for the majority of adjacent property owners. For additional information and animal limits, reference SMC 17.12.225 "Grazing Permits.

Office U	se Only	y
Date App	lication	Received

Approved: