



Applicant Information

Name _____
Address _____
Phone _____
Email _____

Property Information

Approximate Address _____
Size _____ sq. ft. _____ acres Current Zone _____ Phases _____
Parcel ID(s) _____
Project Description _____

Animal Information

Number and Type of Animal

Number and Type of Animal

Adjacent Property Owner Information

Name _____
Name _____
Name _____
Name _____
Name _____

Signature _____
Signature _____
Signature _____
Signature _____
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 Use Only

Date Application Received _____ Date Application Approved _____

