



FOWL KEEPING PERMIT APPLICATION

NOTICE: THE RECEIPT OF APPLICATION AND/OR PERMIT FEES DOES NOT CONSTITUTE PERMIT APPROVAL. THE PERMIT WILL BE APPROVED AND ISSUED WHEN COMPLIANCE WITH ANIMAL CONTROL HAS BEEN MET.

ACCOUNT NO:		
Applicant Name:		
Mailing Address:		
City:	State:	Zip Code:
Phone (Home):	Email:	
Address of Fowl Keeping Facilities	(if different from mailing add	ress):
Applicant must attach basic plans a	nd specifications of the	e proposed fowl keeping activities, the size and
limensions of the facilities, and the	distance between the	facilities and the nearest residential structures on all
adjoining lots.		
1. Provide information on type of	fowl below.	
2. Pay the permit fee. (Annual per		s renew every February 2 nd)
Chickens		Pigeons
Number of Hens		Number of Pigeons
Max: Five egg-laying hens		Max: 100 birds including squab
Number of Chicks		National associations/registries:
Max: Five Chicks		
No roosters or crowing hens all	lowed.	
C .		
Comments:		
Fill out this section if you do N	OT own the property	y. Permission is required by the property owner.
Name of Property Owner:		
Phone (Home):	J	Email:
Address:		
City:	State:	Zip Code:
Owner Signature		Date
		ue and correct. I acknowledge and agree to Municipal Code Title 6, Chapter 3, and agree to
Applicant Signature		Date