

APPLICATION FOR PERMIT TO RAISE CHICKENS

Municipal Code Section 7-1-26
(Form Update 4/14/15)



Name of Applicant: _____

Mailing Address: _____

Street Address of Property to Be Permitted: _____

Phone: _____ E-mail: _____

Is the Property to be Permitted Rental Property? Yes* ____ No ____

If Yes, Signature of Property Owner Required: _____

Zoning District of Property to be Permitted: _____

It is the responsibility of the petitioner to provide the names and addresses of residences and commercial structures within **100 foot** radius of permit property. (This Information may be obtained from the Bayfield County Land Information office.) You may use the area below or attach a list to this application:

1. Name: _____ Address: _____

Tax ID # or PIN: _____

2. Name: _____ Address: _____

Tax ID # or PIN: _____

3. Name: _____ Address: _____

Tax ID # or PIN: _____

4. Name: _____ Address: _____

Tax ID # or PIN: _____

5. Name: _____ Address: _____

Tax ID # or PIN: _____



Please provide a scaled drawing of your property and all structures on your property. Include the proposed location of the required chicken coop and run including the dimensions. Also include the distances from the proposed coop structures to the lot lines on all sides, and to other occupied structures off property if known. Please know that if a dispute arises on the location of the property lines or the accuracy of the distance to building or property lines, the applicant may be required to submit a map of survey from a licensed surveyor.

Please Provide a Consent Signature for All Individuals 18 years and Older that Reside on the Property to be Permitted (attach additional listings if necessary):

- 1. _____ Date: _____
- 2. _____ Date: _____
- 3. _____ Date: _____
- 4. _____ Date: _____

I have read Municipal Code 7-1-26 as presented to me upon application and understand all matters relating to issuance of a permit related to raising chickens in the City limits.

Applicant Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

CHICKEN PERMIT INFORMATION

Zoning of Address to be Permitted: _____

Number of Chickens Allowed: _____

Date of Notice of Decision to Non-Consenting Neighbors: _____

Date of Council Review if Requested: _____

Are All Dimension/Setback Requirements Met: YES/NO (Include Photos for File)

Has the Applicant Constructed the Required Shelter: YES/NO Date of Visit: _____

Date of Initial Approval/Denial: _____

FEE INFORMATION

Permit Fee \$50.00: **Date Paid:** _____ **Received By:** _____

PERMIT ISSUANCE FOR CITY OF WASHBURN

By: _____ **Date:** _____