

APPLICATION FOR PERMIT TO RAISE CHICKENS



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 name and address and consent of residences and commercial structures within **100 foot** radius of permit property. Non-consenting property owners must still be listed without signature (Please Print Clearly and Attach Additional Listings if necessary):

1. Name: _____ Address: _____

Parcel Number (Legacy): _____ Signature: _____

2. Name: _____ Address: _____

Parcel Number (Legacy): _____ Signature: _____

3. Name: _____ Address: _____

Parcel Number (Legacy): _____ Signature: _____

4. Name: _____ Address: _____

Parcel Number (Legacy): _____ Signature: _____

5. Name: _____ Address: _____

Parcel Number (Legacy): _____ Signature: _____



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 \$75.00 **Date Paid:** _____ **Received By:** _____



PERMIT ISSUANCE FOR CITY OF WASHBURN

By: _____ **Date:** _____