

## Community Development Department

444 West Grand Avenue Wisconsin Rapids, WI 54495-2780 Ph: (715) 421-8228 • Fax: (715) 421-8291

## **Chicken Permit Application**

FOR OFFICE USE ONLY						
Date Received:	Date Paid:		Property Zoning:		Permit #:	
PROPERTY INFORMATION						
Site Address:				Parcel #:		
Owner Name:		Owner Address, City, State, and Zip:				
Owner Phone Number:		Owner Fax Number: Owner Email A		ddress:		
<b>ABUTTING PROPERTIES INFORM</b>	MATION (ONLY	NECESSARY FOR INITI	AL <b>A</b> PPLICATIONS)			
Name:		Address:				Date of Contact:
Name:		Address:				Date of Contact:
Name:		Address:				Date of Contact:
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Name:		Address:				Date of Contact:
Name:		Address:				Date of Contact:
Supporting Information						
The following materials are required with your application:  Plot Plan Showing the Location of the Coop and Attached Enclosure  Plans and Specifications for the Coop and Attached Enclosure (a separate building permit is required for the initial construction)  Proof of Livestock Registration with the Wisconsin Department of Agriculture  Permit application fee of \$15						
I understand that I am subject to all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the City, or the City's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the premises for compliance with the applicable ordinances. I further certify that all abutting owners have been notified of my intent to keep and maintain chickens on my property.						
Applicant (Sign):			Print:			_ Date: