



**BACK YARD CHICKEN
APPLICATION**

CHICKEN ZONING CERTIFICATE APPLICATION

PROPERTY OWNER'S NAME: _____

PROPERTY ADDRESS: _____

PHONE #: _____ EMAIL: _____

ZONING DESIGNATION: _____ LOT SIZE _____ SQFT

NUMBER OF CHICKENS: _____ (MAX 4) STATE FLOCK NUMBER: _____

DIMENSIONS OF COOP: _____ RUN DIMENSIONS: _____

DISTANCE FROM PROPERTY LINES: _____

*******COOP MUST BE LOCATED IN REAR YARDS*******

-Please attach a plat or other depiction of the subject property showing the proposed coop location on the property. Please include fee with application when submitted.

-The undersigned acknowledges review of the requirements for Chapter 65-1.1 E ANIMALS and certifies that the above information is correct.

OWNER SIGNATURE: _____ DATE: _____

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FOR TOWN OFFICE USE ONLY

APPROVED: _____ DATE _____
Town Administrator/Zoning Administrator

DISAPPROVED: _____ DATE _____
Town Administrator/Zoning Administrator

FEE \$50.00 _____ DATE _____
CERTIFICATE # _____