



APPLICATION FOR PERMIT

CHICKEN KEEPING PERMIT

1. Address where Chickens Intended to be Kept:

roosters is permitted under Ch. 11.12.

2. Is this address the primary residence of the owner? *Coops may not be located on vacant parcels.

YES NO

6. What is the SF of your proposed chicken coop? *Must have at least 3SF/hen.

7. Is your proposed coop location within 100' of any neighboring dwelling units?

YES NO

3. Owner's Information:

Name:

Phone Number:

Address (if different from Address in #1):

*If answer to #7 is yes, written approval must be granted by all abutting property owners whose dwelling unit is within 100' of the proposed coop. A copy of each written approval must be submitted with this permit application.

4. Please confirm that your intent to keep chickens is for personal and not commercial use.

YES, I intend to keep chickens for personal use only and do not intend to sell commercially eggs and/or chicks.

5. How many hens are you proposing to keep on your property? *A maximum of four hens and no

ADDITIONAL INFORMATION REQUIRED:

A site plan (drawing) of the lot and the proposed coop location must be submitted with this permit. The drawing should show:

- Coop dimensions (must have at least 3SF/hen)
- Setback distance from rear lot line (in feet)



- Setback distance from side lot line(s) (in feet)
- Setback distance from sidewalk(s) (in feet)
- Distance from dwelling units on neighboring properties (in feet)

Written approval from abutting property owners is required with the submission of this permit application IF proposed coop is within 100' of neighbor dwelling unit.

CHICKEN KEEPING PERMIT FEES: \$24

Permit expires one year from date of issuance, and must be renewed to continue keeping chickens.

Fees are payable as follows:

- Credit Card
- Cash
- Check or Money Order made payable to CITY OF KAUKAUNA

FOR DEPARTMENT USE ONLY:

Date Permit Application Received:

Site Plan Reviewed:

Payment Received?

Payment Receipt #:

Final Inspection Date:

Signature of Building Inspection Official:

FOR APPLICANT USE ONLY:

Signature of Applicant:

Date of Application Submission: