



HEALTH DEPARTMENT - 100 N Appleton St, Appleton WI 54911
Telephone: 920-832-6429 Fax: 920-832-5853
CHICKEN PERMIT APPLICATION
Effective Date XXXX

PLEASE PRINT

Date of Application: _____ Anticipated Start Date _____

Applicant Information:

Name: _____	Number of Hens: _____
Applicant Address: _____	Person in Charge of coop: _____
City/State/ZIP: _____	Property Owner Name, if Rental Property: _____
Telephone #: _____	Property Owner Address, if Rental Property: _____
E-mail Address: _____	City/State/ZIP: _____

Provide a plan that includes a detailed diagram of the coop location, including setbacks and distances from nearby structures on neighboring properties; a coop design and materials plan; a plan to dispose of manure in a safe and adequate manner. Applicant must comply with the Wisconsin Dept. of Agriculture, Trade and Consumer Protection's Livestock Premises Registration Program and provide the premises number to the Health Department.*

What is your Livestock Premises Registration number? * _____

Livestock Premises Registration forms may be obtained by calling (888) 808-1910

Will the Coop be provided with Electricity? _____ YES _____ NO

Do you have an Electrical Permit? _____ YES _____ NO

Will Coop size be 50 square feet or larger? _____ YES _____ NO

Do you have a Building Permit? _____ YES _____ NO

The Building and Electrical Inspectors can be reached at: 920-832-6411

How many animals do you currently have on the premises? _____

<u>Activity Code</u>	<u>Permit Description</u>	<u>Fee</u>
	Chicken Keeping Preinspection Fee:	\$145.00
	Chicken Keeping Permit	\$59.00
NOTE:	Preinspection Fee Is Non-Refundable	<u>Total Amount Due</u> \$ _____

Name of Applicant (Print) _____

Signature of Applicant _____ Date _____

Drivers License Number _____

MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF APPLETON
 SUBMIT APPLICATION AND FEE TO APPLETON HEALTH DEPT.
 100 N APPLETON ST
 APPLETON WI 54911-4799



OFFICE USE

Inspector Signature _____ Date _____

Start Date _____

Establishment Number (COA#) _____

License Year _____ Expires June 30, Year _____ Assigned Inspector _____

Amount Paid \$ _____ Check # _____ Account Name: _____