



HEALTH DEPARTMENT - 100 N Appleton St, Appleton WI 54911
Telephone: 920-832-6429 Fax: 920-832-5853
RESIDENTIAL APIARY PERMIT APPLICATION
Effective Date December 1, 2017

PLEASE PRINT

Date of Application: _____ Anticipated Start Date _____

Applicant Information:

Name: _____

Apiary Information:

Number of Hives: _____

Address: _____

Location of Hive or Hives: _____

City/State/ZIP: _____

Address: _____

Telephone #: _____

City/State/ZIP _____

E-mail Address: _____

Person in Charge of Apiary: _____

<u>Activity Code</u>	<u>Permit Description</u>	<u>Fee</u>
141	Preinspection Fee: New Apiary	145-\$30
142	Apiary Permit (Separate Permit Required for each apiary on a Property)	59 \$10
NOTE:	The Preinspection Fee Is Non-Refundable	Total Amount Due \$

Provide a sketch of the property and the location where the hive or hives will be kept. Include hive distances from property lines, neighboring dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment. Indicate watering location. Indicate flyway barrier location, material and height. **Upon renewal, if no changes have been made, use original sketch on file.** Provide documentation of training as a Beekeeper.

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

Date letter sent to property owners within 400 feet of center of proposed apiary _____

Written Objections Received (attach) _____ Written Objection Deadline _____

Inspector Signature _____ Date _____

Apiary Start Date _____

Establishment Number (COA#) _____ Account # 12530-4305 Receipt # _____

License Year March 1, _____ Expires February _____, _____ Assigned Inspector _____

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

