

HEALTH DEPARTMENT - 100 N Appleton St, Appleton WI 54911 Telephone: 920-832-6429 Fax: 920-832-5853

RESIDENTIAL APIARY PERMIT APPLICATION

Effective Date November 11, 2015

Date of Application:	27 Jan 2020	E PRINT Anticipated Start Date	March 29	020
Applicant Information:		Apiary Information:		
Name:		Number of Hives:		
Stephen Address:	C. Jensen	Location of Hive or Hives:		Manual Ma
1721 E. Paloma Ct. City/State/ZIP:		On our property (see map) Address:		
Apoleton Telephone #:	WI 54913	City/State/ZIP		
920-5	74 - 2182	RI COMPI		
E-mail Address:		Person in Charge of Aplary:		
246byenc	jensen O mac. com	Stephen C. Jen	N92	
Activity Code	Permit Descri	<u>ption</u>		<u>Fee</u>
141	Preinspection Fee: New Apiary	· · · · · · · · · · · · · · · · · · ·		\$145.00
142	Apiary Permit (Separate Permit Required for	or each aplary on a Property)		\$59.00
NOTE:	The Preinspection Fee Is Non-Refundable	Total An	nount Due	80.POS
neighboring dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment. Indicate watering location. Indicate flyway barrier location, material and height. Provide documentation of training as a Beekeeper. Name of Applicant (Print) Stephen C. Jensen				
Signature of Applicant				
Drivers License Number <u>J 525 - 7836 - 0260 - 04</u>				
MAKE CHECK OR MONEY ORDER PAYABLE TO				HEALTH DEPT. LETON ST
OFFICE USE				
Date letter sent to property owners within 400 feet of center of proposed apiary \[\frac{2}{7} \frac{7}{2} \cdot \]				
Written Objections Received (attach) × ルルル Written Objection Deadline ユノテフノ シー				
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:				

