

Village of Fall River

641 S. Main St.
Fall River, WI 53932
(920)484-3525

APPLICATION FOR KEEPING OF CHICKENS

(Fees are non-refundable and due upon filing)
\$20.00 annual fee, expires December 31st
\$10.00 late fee if not renewed by April 1st

Date of Application _____

Name of Applicant _____

Address of Applicant _____ Tax Parcel # _____

Are you the Property Owner _____ Tenant _____

Applicant must have the consent of **ALL** adult residents at the address listed. Please provide signatures of all adults residing at the address listed above. Include additional pages if needed.

Signature

Telephone Number

Signature

Telephone Number

TO BE COMPLETED IF APPLICANT IS NOT THE OWNER OF THE PROPERTY;

I am the property owner of the address listed on this application and hereby consent permission to my tenant to keep chickens at the property.

Owner's Signature

Owner's Telephone Number

If this is a two-family residence you must provide the written consent of the adult occupants of the other residential unit.

Address of other unit _____

Signature

Telephone Number

Signature

Telephone Number

Please provide a site plan of your property and the location and dimensions of the proposed chicken coop and any associated pen, the distance of the coop and pen from all lot lines and principal structures located on adjacent lots.

I have read and understand Ordinance 7-1-29 Keeping of Chickens on Residential Parcels.

Applicant Signature

Date

The applicant has provided all the information required by Ordinance 7-1-29 and conditions have been met.

Approved By Signature

Date