



# CITY OF BELLE PLAINE URBAN CHICKENS PERMIT APPLICATION

Return forms with supporting documents AND payment to *City of Belle Plaine | 1207 8th Avenue | Belle Plaine, IA 52208.*

*Failure to complete all sections of the application and provide supporting documentation will result in a denial of your application.*

## APPLICANT INFORMATION [PLEASE PRINT]

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_

**\*\*24-hour emergency contact phone number:** \_\_\_\_\_

*This is the number that will be called if we receive a complaint about the chickens on your property.*

Own     Rent\*    \*A tenant shall attach to this application written permission from the landlord to keep chickens on the property.

## INITIAL EACH ITEM

- \_\_\_\_ 1) I have read the Belle Plaine Urban Chickens Ordinance and understand the requirements for keeping chickens.
- \_\_\_\_ 2) I am aware that I am responsible for keeping chickens within the confines of my property at all times.
- \_\_\_\_ 3) I am aware that I must receive approval from the City prior to obtaining chickens.
- \_\_\_\_ 4) I will follow all City ordinances and state laws relating to the care and keeping of animals.
- \_\_\_\_ 5) I acknowledge that I live in a single family dwelling or zero-lot line duplex occupied by me OR a nursing, rest, or convalescent home.
- \_\_\_\_ 6) I acknowledge that any and all judgments in the City's favor against me have been paid in full.
- \_\_\_\_ 7) I understand that any private restrictions on the use of the property shall remain enforceable and shall supersede the permit.
- \_\_\_\_ 8) I grant the right for City staff to inspect my property prior to approval of this permit and at any time to investigate a complaint.
- \_\_\_\_ 9) I have successfully completed the required urban chicken training and attached a copy of the certificate.
- \_\_\_\_ 10) I acknowledge that all chickens must be banded and have wings clipped in accordance with procedures established by the City.
- \_\_\_\_ 11) I understand only hens are allowed and not more than six (6) licensed chickens are permitted per property.
- \_\_\_\_ 12) I understand this permit is only valid for a period of one calendar year and shall expire December 31st of each year.
- \_\_\_\_ 13) I understand that all chickens shall be secured in a coop from dusk to dawn.
- \_\_\_\_ 14) I understand City ordinance requires certain construction materials and minimum requirements for the coop enclosure.

*I affirm that all statements contained in the application are true and correct and that I the permit holder will keep the chickens in compliance with the Urban Chickens Ordinance. I understand that failure to comply with regulations may result in revocation of the permit and/or issuance of a municipal infraction.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## CITY OF BELLE PLAINE URBAN CHICKENS PERMIT APPLICATION

### CHICKEN COOP DESCRIPTION & MATERIALS

Describe the chicken coop and pen including the materials used and total cubic feet.

### CHICKEN COOP LOCATION & PROPERTY INFORMATION

Sketch a diagram below of the property including the dimensions and:

- Identify the adjacent properties by street address
- Indicate the location of coop and pen
- Use back if more room is needed



**CITY OF BELLE PLAINE  
URBAN CHICKENS PERMIT APPLICATION**

**LANDLORD APPROVAL FORM —FOR TENANTS ONLY**

**TO BE COMPLETED ONLY IF THE APPLICANT IS A TENANT.**

I am the owner/landlord of \_\_\_\_\_, Belle Plaine, Iowa, AND I give permission for my tenant,  
(street address)  
\_\_\_\_\_, to install a chicken coop and keep chickens on this property.  
(tenant's name)

\_\_\_\_\_  
Owner/Landlord [Printed]

\_\_\_\_\_  
Signature of Owner/Landlord

\_\_\_\_\_  
Date



**CITY OF BELLE PLAINE  
URBAN CHICKENS PERMIT APPLICATION**

**FOR CITY STAFF USE ONLY**

**PERMIT APPROVAL FORM**

Permit Application Fee: \$50      Paid \_\_\_\_\_      (NOTE: reduced fee for 2022 = \$25)  
City Permit Approval:      Date: \_\_\_\_\_      Official: \_\_\_\_\_  
City Inspection:      Date: \_\_\_\_\_      Official: \_\_\_\_\_  
Meets Requirements:      Yes \_\_\_\_\_      No \_\_\_\_\_      Corrections Needed \_\_\_\_\_  
Reason (s) for Denial: \_\_\_\_\_  
\_\_\_\_\_

**CHICKEN ID LEG BANDS**

1st Band Color/Number \_\_\_\_\_      2nd Band Color/Number \_\_\_\_\_  
3rd Band Color/Number \_\_\_\_\_      4th Band Color/Number \_\_\_\_\_  
5th Band Color/Number \_\_\_\_\_      6th Band Color/Number \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMIT NUMBER:** \_\_\_\_\_

**ISSUE DATE:** \_\_\_\_\_

**EXPIRATION DATE: December 31, 20** \_\_\_\_\_

**ISSUED BY:** \_\_\_\_\_

*Subscribed and sworn before me by* \_\_\_\_\_  
*At Belle Plaine Iowa on* \_\_\_\_\_