



CITY OF BELLE PLAINE
URBAN CHICKENS PERMIT APPLICATION

RENEWAL

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 acknowledge that all chickens must be banded and have wings clipped in accordance with procedures established by the City.
- ____ 10) I understand only hens are allowed and not more than six (6) licensed chickens are permitted per property.
- ____ 11) I understand this permit is only valid for a period of one calendar year and shall expire December 31st of each year.
- ____ 12) I understand that all chickens shall be secured in a coop from dusk to dawn.
- ____ 13) 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: _____



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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 _____

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 _____