



City of St. Francis
3400 E. Howard Ave.
St. Francis, WI 53235

Application for Chicken Permit

NEW: \$40.00 – ANNUAL RENEWAL: \$40.00 - ANNUAL

Owners Name: _____

Owners Address: _____

Contact Phone Number: _____

Email Address: _____

Did you review the City of St. Francis Chicken Ordinance? Yes No

Have you been previously licensed for chickens? Yes No

Number of proposed hen(s): _____

Do you own your own residence? Yes No

(If not, you must present a signed statement from the owner of the dwelling, consenting to this application and to keeping chickens on the premises.)

Do you live in a single-family residential zoning district? Yes No

Will you utilize an accessory structure that already exists on the property as a hen house or chicken coop? Yes No

Is chicken coop enclosed _____ or open _____?

Building Permit # _____ (New applications only)

Note: All hen houses and chicken coops require a permit by the City of St. Francis Building Department.

A copy of completed Wisconsin Department of Agriculture, Trade and Consumer Protection Livestock Premises Registration Application Form AH-LP-100 must be attached.

Signature of Applicant

Date

OFFICE USE ONLY: INITIAL APPLICATION

1. Application materials received:

___ Scaled (a) location of one (1) proposed coop where the chicken(s) will be kept that complies with all provisions of ordinance, (b) the number of chickens requested, (c) distances from such coop to lot lines and occupied buildings on the subject lot and adjacent property, and (d) a depiction of all fencing.

___ signed application (with notarized signature of property owner if applicant is not the property owner.)
___ maintenance and cleaning plan

___ feeding and care plan.

___ documentary evidence of applicant's registration of proposed location with wis. DATCP (Wis. Stat. § 95.51; wis. Admin code § ATCP 17).

2. Adjacent owner notices:

Date mailed: ___/___/_____

Objection(s) received within 30 days of mailing?

___ no (zoning administrator decision date: ___/___/_____)
___ yes (licensing committee hearing date: ___/___/_____)

Approved? ___ yes ___ no

OFFICE USE ONLY: RENEWAL APPLICATION

Building Inspector signature of coop inspection:

_____ Date: _____

___ **Documentary evidence of applicant's registration of location with wis. DATCP (Wis. Stat. § 95.51; Wis. Admin code § ATCP 17) is attached.**