BACKYARD HEN PERMIT APPLICATION

City of Atlantic Beach
Community Development Department
800 Seminole Road Atlantic Beach, FL 32233
(P) 904-247-5800

FOR INTERNAL OFFICE USE ONLY

PERMIT # _____

APPLICANT INFORMATION

NAME _____ EMAIL _____

ADDRESS _____ CITY _____ STATE ____ ZIP CODE _____

PHONE # _____ CELL # _____ ☐ OWNER ☐ LEGAL AUTHORIZED AGENT

PROPERTY INFORMATION

ADDRESS OF PROPERTY WHERE HENS WILL BE KEPT: _____

NUMBER OF HENS TO BE KEPT ON PROPERTY (limit of 5): _____

BACKYARD HEN PERMIT APPLICATION PACKAGE CHECKLIST

*Additional information may be required, depending upon circumstances unique to individual applications

- ☐ **SUBMIT BACKYARD POULTRY SEMINAR CERTIFICATE WITH APPLICATION**
- ☐ **SCHEDULE INSPECTION OF PROPERTY** (Including coop/pen size, construction, location and screening)
- ☐ **LETTER OF AUTHORIZATION** (If applicable)
- ☐ **APPROVAL LETTER FROM HOA** (If applicable)
- ☐ **PAYMENT OF $25.00**

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY ACKNOWLEDGE THE TERMS OF ARTICLE III OF CHAPTER 4 AND SWEAR TO FOLLOW ALL REQUIREMENTS THEREIN. FURTHER, I HEREBY GRANT PERMISSION FOR THE CITY OF ATLANTIC BEACH TO ENTER THE PROPERTY LISTED ABOVE FOR THE PURPOSE OF INSPECTING FOR COMPLIANCE.

_____ _____ _____
SIGNATURE OF APPLICANT PRINT OR TYPE NAME DATE

Signed and sworn before me on this _____ day of _____, _____ by State of _____

_____ County of _____

Identification verified: _____

Oath Sworn: ☐ Yes ☐ No

_____
Notary Signature

My Commission expires _____