

BACKYARD CHICKEN PERMIT APPLICATION

City of Grand Haven, 11 N. Sixth Street, Grand Haven, MI 49417

Phone: (616) 847-3490 Fax: (616) 844-2051 Website: www.grandhaven.org

1. Project Information

Address/location of property: _____

Parcel Number: _____ Zoning District: _____

Proposed Number of Hen Chickens (*roosters are prohibited*): _____

2. Applicant

Name: _____

Address: _____

Phone #: _____

Fax #: _____

Email: _____

3. Property Owner

Name: _____

Address: _____

Phone #: _____

Fax #: _____

Email: _____

4. Required Details on Scaled Drawing (*See attached Ordinance 15-09 for specific regulations*)

- Location of all structures on property
- Location of chicken enclosure
- Size and height of enclosure
- Enclosure building materials
- Setbacks from property lines to enclosure
- Predator barrier details

5. Authorization from Property Owner (*if applicant is not property owner*)

6. Required Fee: \$25.00

By Signing below, the applicant agrees to perform the described work in accordance with all applicable sections of the City of Grand Haven Code of Ordinances. Signer will insure that all inspection requests are made a minimum of 24 hours prior to the requested time.

Signature of Applicant: _____ Date: _____

Print Name: _____

Office Use Only

Permit #: _____ Date Received: _____ Fee: _____

Date of Approval: _____ Expiration Date: _____ Approved by: _____



CONSENT OF PROPERTY OWNER
Backyard Chicken Permit Application

I, _____, OF THE STATE OF _____ AND
COUNTY OF _____ STATE THE FOLLOWING:

1. That I am the owner of real estate located at _____;
2. That I have read and examined the Backyard Chicken Permit Application made to the City of Grand Haven by _____;
3. That I have no objections to, and consent to the request(s) described in the Application made to the City of Grand Haven.

Signature of Owner _____ Date _____
Print name _____

