

Applicant¹

Name: _____ Phone: _____

Company: _____ Cell: _____

Address: _____ Email: _____

Applicant's Signature: _____ Date: _____

Property Owner (if other than applicant*)

Name: _____ Phone: _____

Address: _____ Email: _____

THIS SECTION TO BE COMPLETED BY STAFF ONLY

Registration Number: CHK- _____ - _____ Application Fee: \$35** Amount Paid: _____

Date Received: _____ Received By: _____

Staff Review

Planning: _____ Date: _____

**All fees non-refundable

*Note: If applicant is not the listed owner of the property a letter of permission will be required from the owner or property manager.

Attached: YES: _____ NO: _____

A site sketch indicating the area where chickens are to be housed with types and sizes of enclosures as well as all property dimensions and setbacks must be attached to this application.

Attached: YES: _____ NO: _____

I, _____, applicant, have read and understand Lexington City Code, 420-11.1 in reference to the keeping of chickens. I understand that I am giving permission to the Zoning Administrator, or Designee, to make an inspection of the coop/pen area where the chickens are to be housed on my property, to ensure compliance with setback requirements, and/or to investigate any complaints in regards to the keeping of chickens.

Applicant Signature: _____ Date: _____