



LIMITED RESIDENTIAL CHICKEN PERMIT APPLICATION

5685 Fairfield Road • Fairfield, PA 17320 • Phone: (717) 642-8269 • www.carrollvalley.org

Permit Type (Please Check one): New Permit Renewal

APPLICANT INFORMATION

Applicant's Name: _____ Application Date: _____

Address: _____

Lot #: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Preferred Method of Contact: Home Phone Cell Phone Email Mail

PROPERTY INFORMATION

Is the primary use of this property a single-family detached residential dwelling? YES NO

Name of Property Owner _____

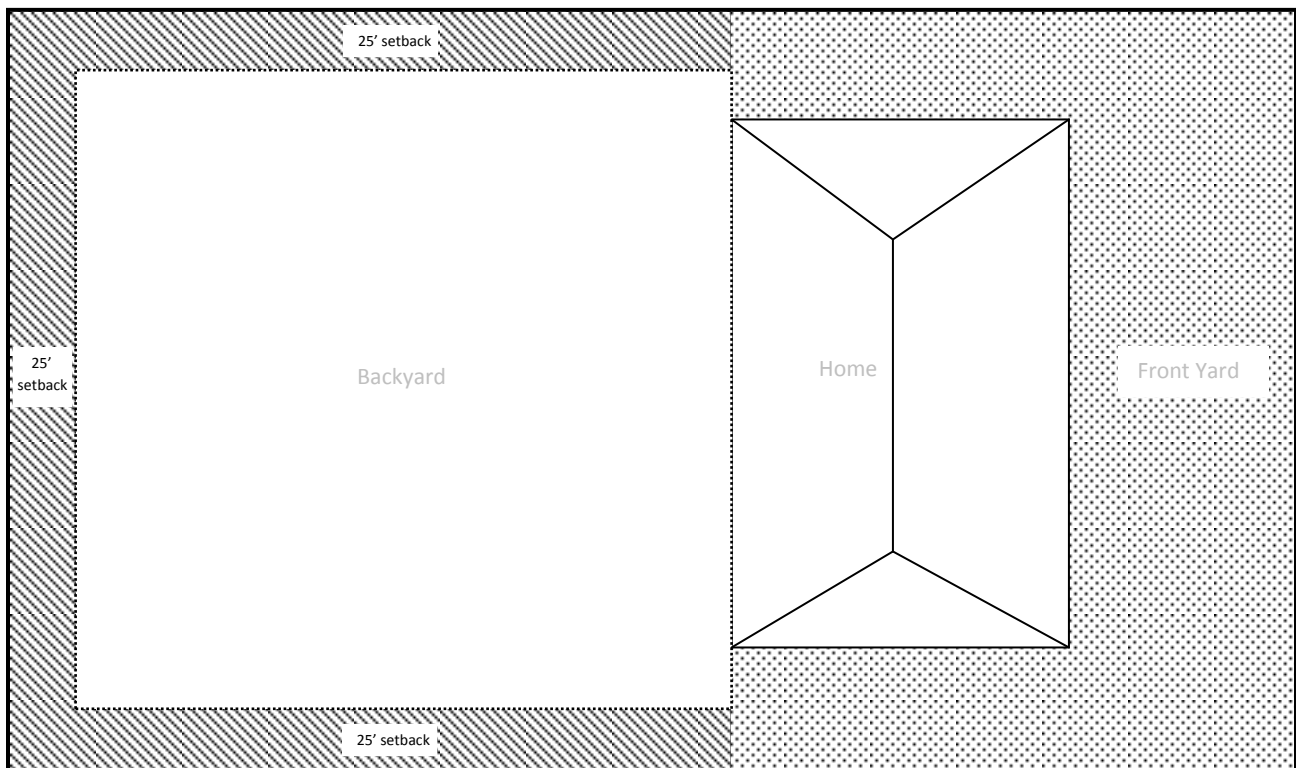
Signature of Property Owner _____

Is this property occupied by the Owner of Record? YES NO

Number of Hens: _____ (Maximum 6 allowed)

Total Size of Coop (in square feet): _____ Total Size of Chicken Pen (in square feet): _____

SITE PLAN



Please provide as much detail as possible. A separate site plan may be submitted as substitution for this drawing.

COMPLIANCE QUESTIONS AND STATEMENTS

Residential Chicken applicants shall meet all provisions of Ordinance 1-2017 as summarized below:

(By marking the following boxes below you agree to comply with each of these provisions)

- I have submitted a site plan outlining the location of my chicken coop/pen/cage and run with this application;
- I will not have more than six (6) hens (otherwise referred to as chickens) at any one time;
- I will keep the chickens contained on my property at all times with a fence sufficient to prevent escape in addition to any chicken pen;
- I will not have roosters at any time on my property;
- My chicken coop/pen/cage and run are located in my back yard;
- My chicken coop/pen/cage will not be located closer than twenty-five (25) feet to any property line;
- My chicken coop/pen/cage will not be located closer than 50 feet to any residential structure on an adjacent property;
- I understand that this permit only gives me permission to have chickens;
- I understand that I must keep my chicken coop/pen/cage and run clean and free from objectionable odor and waste. Waste and debris must be kept from becoming offensive or a health hazard;
- I understand that no chicken slaughter is allowed on my property;
- I understand that I am responsible to renew this application on or before the date of expiration every 5 years in order to maintain the legal use of chickens on my property;
- This permit may be revoked for any violation of Ordinance 1-2017.

I hereby certify that all requested information has been provided and that the information herewith submitted is true and correct to the best of my knowledge. In submitting and signing this application, I acknowledge and agree that the application is subject to all the terms and conditions for a Limited Residential Chicken Permit as contained in Ordinance 1-2017 of the Borough of Carroll Valley. I understand any false statements or omissions may result in denial or revocation of this permit. I have read the applicable regulations and agree to fully comply with the regulations set forth.

Applicant Signature: _____ **Date:** _____

Please Print Your Name: _____

OFFICE USE ONLY

Approved

Borough Signature: _____

Date Issued: _____

Not Approved

Date Denied: _____

Permit Expiration Date: _____

Inspection Record

<i>Year</i>	<i>Compliance?</i>	<i>Performed By:</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Receipt #: _____

Amount: \$ _____

Received By: _____

Date: _____

Type of Payment: Cash

Check # _____

Credit Card