Town of Grant

9011 County Road WW
Wisconsin Rapids, WI 54494
Ph: (715) 423-9193 • Fax: (715) 423-9115

Domestic Fowl Permit Application

FOR OFFICE USE ONLY

Date Received:	Property Zoning:	Permit #:

APPLICANT INFORMATION

Name:	Does Applicant Rent or Own the Site Address? (Please initial one) _____ (Rent) _____ (Own)

PROPERTY INFORMATION

Site Address:		Parcel #:
Owner Name:	Owner Address, City, State, and Zip:	
Owner Phone Number:	Owner Fax Number:	Owner Email Address:

SUPPORTING INFORMATION

The following materials are required with your application (*please initial next to each requirement indicating inclusion with application*):

_____Completed Permit Application Form**

_____ Site Plan Showing the Location of any proposed Coop, Enclosure, and Run

_____ Plans and Specifications for the Coop and Enclosure

_____ Proof of Livestock Registration with the Wisconsin Department of Agriculture

**Permits shall be valid for the period of January 1 through December 31 of a given year and shall be automatically renewed unless revoked

I understand that I am subject to all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the Town, or the Town's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the premises for compliance with the applicable ordinances. I understand that this permit may be revoked by the Town of Grant upon its finding that the terms of Town Ordinance or this permit have been violated.

Applicant (Sign): _____ **Print:** _____ **Date:** _____

Parcel Owner (if different from Applicant:
(Sign): _____ **Print:** _____ **Date:** _____

List Abutting Property Owners (Free Range Fowl Applications only, attach all neighbor signatures to this application)

Name:	Address:	Date of Contact:
Name:	Address:	Date of Contact:
Name:	Address:	Date of Contact:
Name:	Address:	Date of Contact:
Name:	Address:	Date of Contact:
Name:	Address:	Date of Contact: