

**CITY OF WESTMORELAND**  
**CHICKEN PERMIT APPLICATION**

☐ NEW ☐ RENEWAL

PERMIT # \_\_\_\_\_

ZONING DISTRICT \_\_\_\_\_

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Home Phone Number Cell Phone Number E-Mail Address

Number of Female Chickens: \_\_\_\_\_

I, hereby certify that above information is true and correct. I understand and agree to abide by the terms and conditions for a Chicken Permit, Ordinance #617. I understand that the application/permit fee is nonrefundable. I understand that failure to comply with regulations may result in revocation of the permit and/or subject to criminal penalties prescribed by the ordinance. I have also read and initialed the terms of this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**Please read the following requirements carefully and initial each to show you have read and understand the chicken ordinance.**

\_\_\_ I have Read Ordinance #617 and understand the requirements for keeping chickens.

\_\_\_ I am aware that I first must receive approval from the Zoning Administrator prior to obtaining chickens.

\_\_\_ I will follow all City ordinances and State laws relating to the care and keeping of animals.

\_\_\_ I am aware that I am responsible for keeping chickens within the confines of my property at all times.

\_\_\_ I am aware that I may not make any dimensional changes (affecting required property setbacks or boundaries or minimum required space) to my chicken coop without first obtaining approval from the Zoning Administrator.

\_\_\_ I am aware that a maximum of eight (8) female chickens and/or chicks shall be allowed under the permit.

\_\_\_ I acknowledge that I live in a single-family dwelling as per zoning code and if I rent I have written approval from my landlord (to be attached to this permit).

\_\_\_ I understand that the permit is not transferrable from one individual or location to another.

\_\_\_ I acknowledge that I am aware that the ordinance allowing chickens may be amended or repealed and that the owner acquires no vested rights to have or raise chickens by virtue of the issuance of the permit.

\_\_\_ I understand that the keeping and handling of chickens may cause health hazards and that adequate health precautions are the responsibility of the applicant.

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**TO BE COMPLETED BY ZONING ADMINISTRATOR**

Applicant Meets Requirements \_\_\_ Does Not Meet \_\_\_ Corrections Needed \_\_\_

Zoning Administrator's Review: \_\_\_\_\_

\_\_\_\_\_

Approval \_\_\_ Denied \_\_\_

Reason For Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permit Number: \_\_\_\_\_ Issuance Date \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator

\_\_\_\_\_  
Date