BACKYARD HEN PERMIT APPLICATION

City of Atlantic Beach
Community Development Department
800 Seminole Road Atlantic Beach, FL 32233
(P) 904-247-5800

FOR INTERNAL OFFICE USE ONLY

PERMIT # _____

APPLICANT/PROPERTY INFORMATION

NAME _____ EMAIL _____

ADDRESS _____ CITY _____ STATE ____ ZIP CODE _____

PHONE # _____ CELL # _____ ☐ OWNER ☐ LEGAL AUTHORIZED AGENT

TENANT INFORMATION *(if applicable)*

NAME _____ PHONE # _____

EMAIL _____ CELL # _____

BACKYARD HEN PERMIT APPLICATION PACKAGE CHECKLIST

ITEMS REQUIRED FOR APPROVAL:

*Additional information may be required, depending upon circumstances unique to individual applications

- ☐ **BACKYARD POULTRY SEMINAR CERTIFICATE:** From the Duval County Agricultural Extension Office
- ☐ **PASSED INSPECTION OF PROPERTY:** Including coop/pen size, construction, location and screening
- ☐ **APPROVAL LETTER FROM HOA:** If applicable
- ☐ **NUMBER OF HENS TO BE KEPT ON PROPERTY _____:** Limit of 5
- ☐ **PAYMENT OF $25.00:** To be paid upon satisfaction of the above requirements

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY ACKNOWLEDGE THE TERMS OF ORDINANCE 95-17-113 AND SWEAR TO FOLLOW ALL REQUIREMENTS THEREIN. FURTHER, I HEREBY GRANT PERMISSION FOR THE CITY OF ATLANTIC BEACH TO ENTER THE PROPERTY LISTED ABOVE FOR THE PURPOSE OF INPSECTING FOR COMPLIANCE AND AGREE TO REMOVE ALL HENS AND ASSOCIATED STRUCTURES UPON THE TERMINATION OR EXPIRATION OF A TEMPORARY PERMIT AND/OR THIS ORDINANCE.

_____ _____ _____
SIGNATURE OF APPLICANT PRINT OR TYPE NAME DATE

Signed and sworn before me on this _____ day of _____, _____ by State of _____

_____ County of _____

Identification verified: _____

Oath Sworn: ☐ Yes ☐ No

_____
Notary Signature

My Commission expires _____