

BACKYARD CHICKEN ANNUAL PERMIT APPLICATION CITY OF SOMERSWORTH, NEW HAMPSHIRE (Expires September 1st of each year)

Date Received:

	Fee Paid:		
	Case Number:		
1)	Location of property:		
2)	Assessor's Map:Lot:Zoning District:		
3)	Property owner:		
	Address (Street/City/State/Zip):		
	Telephone:		
4)	Name of applicant (if different than owner): Address (Street/City/State/Zip):		
	Telephone (Home and Mobile):		
5)	 Please provide a sketch of the subject property, which includes the following: a) Location and dimensions of property; b) Location and dimensions of all structures on the property; and, c) Locations and dimensions of the proposed coop and fenced enclosure and their distance from all property lines (coop needs to be a minimum of 3 square feet per chicken and fenced enclosure needs to be a minimum of 20 square feet per chicken. Coop and enclosure need to be fully behind the principal structure on the property and a minimum of 20 feet from all property lines). 		
3)	How many chickens will be kept on the property?		
7)	Will any roosters be kept? (Circle one) Yes No		
3)	Will the chickens be kept in a coop or fenced enclosure at all times? (Circle one) Yes No		
€)	Do you live in a home that is part of a Homeowner's or Condominium Association or similar association? (Circle one) Yes No		
	9a) If yes, does the Association allow the keeping of chickens? (Circle one) Yes No		

I/We hereby apply for a permit to keep chickens at the subject property and by doing so state that, to the best of my/our knowledge, the information provided on this application is accurate and complete. By signing below, I/we acknowledge that I/we will comply with all of the Ordinances of the City of Somersworth. I further acknowledge that I/we understand that I/we need to renew this permit annually as long as I/we keep chickens at the subject property.

Signatures:			
Applicant/Agent:	Date:		
Property Owner (required):	Date:		
FILING PROCEDURES AND FEES			
Application shall be filed with the City Clerk. A \$10.00 fe submitted with the application.	ee for review of the application must be		
OFFICE USE O	DNLY		
APPROVEDAPPROVED WITH THE FOLLOWING CONDITION	ONS:		
□ DENIED			
City Clerk's Signature:Date:			