



APPLICATION FOR BACKYARD CHICKENS PERMIT

In compliance with the Backyard Chicken Ordinances of the City of Watauga and the State of Texas, I hereby make application to the Animal Services Division for a permit to harbor 1-6 chickens as described below:

- Property address: _____
- Applicant Name: _____
- DL#: _____ D.O.B. _____
- Phone # (Primary): _____ (Secondary): _____
- Number of chickens: _____
- Designated Veterinarian (name & number) _____
- Individual Owner or Renter (*circle one*) If applicant is a renter please provide property owner information:
 - Owner name: _____ Phone# _____
 - Owner Address _____

Initial each acknowledgement below:

_____ I understand that I must attach a site plan showing the proposed location for the chicken coop and exercise yard on the property, and a floor plan and side elevations for the chicken coop and exercise yard to be located on the property.

_____ I understand that I must attach a notarized letter from the property owner authorizing chickens to be harbored on the property (**RENTER ONLY**)

_____ I understand that I must successfully attend and complete an education program offered by the City of Watauga for the keeping of backyard chickens and submit the certificate of completion of the program with this application.

_____ I understand that this permit is non-transferable and shall be valid and effective until the permit holder no longer resides at the property for which the permit was issued.

_____ I understand that after application has been filed, the permit fee will not be refunded, regardless of approval or denial of permit.

_____ I understand any permit granted on this application may be revoked after 3 violations for noncompliance with the ordinances of the City of Watauga.

I have read and understand Chapter _____, Article _____ of the City of Watauga ordinances.

Printed Name: _____

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Initial Inspection Date: _____ APPROVED or DENIED Inspector: _____

Final Inspection Date: _____ APPROVED or DENIED Inspector: _____

Permit Number: _____