



APPLICATION FOR HEN PERMIT

OWNER INFORMATION

Permit Holder's Name(s): _____

Street Address or Lot: _____

Mailing Address: _____

Phone Number: _____ E-Mail: _____

Alternate or Emergency Contact: _____

ANIMAL INFORMATION

Number of Hens: _____ Breed: _____

Colour/Description: _____

Being raised for: Eggs Meat

Sketch or plan of proposed Coop attached: YES/ NO

PERMIT INFORMATION

Fee Paid: _____ Issued by: _____
(an Officer as defined under the Bylaw)

Officer Comments: _____

Date: _____

Signature of Applicant

THIS PERMIT IS ISSUED ONLY TO THE PERMIT HOLDER LISTED HEREON AND IS NOT TRANSFERRABLE

STATUTORY DECLARATION

I/We _____ do solemnly declare that we have read and understood the provisions of the Town of Faro's Animal Control Bylaw and do authorize an Officer to enter my/our property to inspect the Coop or otherwise enforce such provisions as provided for under Section 9.7 of the Bylaw, and shall cooperate with an Officer carrying out their duties. I/We also understand that provisions of the Town of Faro's Zoning Bylaw may further regulate the placement and size of a Coop on our property, and that we must remain in compliance with both of these Bylaws and any other applicable act or regulation at all times or this permit may be revoked.

Signature(s) of Applicant(s)