

Date Received: _____

Review/Permit Fee \$25.00: _____



Application to Keep Chickens Per Section 15-2-24

City of Harrisonburg, Virginia

409 South Main Street, Harrisonburg, Virginia 22801

Telephone: (540) 432-7700 Fax: (540) 432-7777

<http://www.harrisonburgva.gov>

Animal Care and Control

Telephone: 540-437-2670 Email: HACC@harrisonburgva.gov

<http://www.harrisonburgva.gov/animal-care-and-control>

Applicant (primary chicken care provider): _____

Property Address: _____

Telephone: (Home or Work): _____ **(Mobile):** _____

Email Address: _____

Property Owner's Name (if different from applicant): _____

Zoning District: _____ **Tax Map Number(s):** _____

I, _____, hereby certify that I have received a copy of Section 15-2-24 of the Harrisonburg City Code and agree to comply with the requirements of the ordinance.

Signature: _____ **Date:** _____

The information and items below shall be included with this application:

- Site layout showing proposed location of pen and confirmation that setbacks from property lines and the setback from streams, tributaries, ditches, swales, stormwater management facilities, drop-inlets, or other storm drainage area will be met.
- Information or drawing of enclosed and covered pen that contains at least 4 square feet per bird.
- Verification of Virginia Livestock Premises Registration.
Premises Registration Email Address: prem.id@vdacs.virginia.gov
Premises Registration Website: <http://www.vdacs.virginia.gov/animals-premises-registration.shtml>
- \$25.00 permit fee.

The information below shall be completed by Animal Care and Control

INSPECTION DATE: _____ PASS: FAIL:

INSPECTION NOTES: _____

PERMIT APPROVED: PERMIT DENIED:

ANIMAL CARE & CONTROL: _____ DATE: _____