

BEEKEEPING & APIARY APPLICATION

Applicant's Last Name	First Name
Address	
Home Phone	Cell Phone

Describe your knowledge and skills related to beekeeping:

Placement of Apiary:

Sketch apiary site using the space provided on the back of this application.

Proposed Number of Hives: 1 2

Proof of Occupancy:

See attached property tax bill, utility bill, etc.

Or, Approvals:

Landlord (if renting single family home)

Condominium Association (only if a stand-alone condominium)

Permit Type:

Initial (\$25.00)

Renewal (\$10.00)

Signature(s):

_____ Date _____
 _____ Date _____

DO NOT WRITE BELOW THIS LINE

Date Received _____	Date of Notice _____	Request for Hearing? Yes No
Date Issued _____	# Notices Sent _____	Hearing Date _____
Permit # _____	# Objections _____	Result of Hearing?
	# Supporting _____	

Use the area below to sketch apiary site. Include distances from lot lines, structures, and include fresh water source. Please indicate direction on the sketch as well.

