## **Town of Grant**

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## **Domestic Fowl Permit Application**

FOR OFFICE USE ONLY Date Received: Permit #: Property Zoning: APPLICANT INFORMATION Does Applicant Rent or Own the Site Address? (Please initial one) (Rent) (Own) PROPERTY INFORMATION Site Address: Parcel #: Owner Name: Owner Address, City, State, and Zip: Owner Phone Number: Owner Fax Number: Owner Email Address: SUPPORTING INFORMATION The following materials are required with your application (please initial next to each requirement indicating inclusion with application): Completed Permit Application Form\*\* Site Plan Showing the Location of any proposed Coop, Enclosure, and Run Plans and Specifications for the Coop and Enclosure Proof of Livestock Registration with the Wisconsin Department of Agriculture \*\*Permits shall be valid for the period of January 1 through December 31 of a given year and shall be automatically renewed unless revoked I understand that I am subject to all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the Town, or the Town's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the premises for compliance with the applicable ordinances. I understand that this permit may be revoked by the Town of Grant upon its finding that the terms of Town Ordinance or this permit have been violated. Applicant (Sign):\_\_\_\_\_ \_\_\_\_\_Print: \_\_\_\_\_\_Date: Parcel Owner (if different from Applicant: Print: Date: (Sign): List Abutting Property Owners (Free Range Fowl Applications only, attach all neighbor signatures to this application) Name: Address: Date of Contact: Address: Date of Contact: Name: Address: Date of Contact: Name: Name: Address: Date of Contact: Name: Address: Date of Contact: Name: Address: Date of Contact: