

BACKYARD HEN PERMIT APPLICATION

City of Atlantic Beach

Community Development Department

800 Seminole Road Atlantic Beach, Florida 32233-5445 Phone: (904) 247-5826 Fax: (904) 247-5845 Email: Building-Dept@coab.us

SECTION 1: PROPERTY INFORMATION _____ RE#____ Property Address: _____ **Property Owner Information Phone:** (___) _____ Email: ______ Fax: () -_____ Address: _____ City: ____ State: ___ Zip: ____ **Tenant Information** (if applicable) Name: ______ Phone: (________ _____ Fax: () -Email: **SECTION 2: ITEMS REQUIRED FOR APPROVAL** Backyard Poultry Seminar Certificate From the Duval County Agricultural Extension Office. Passed Inspection of Property Including coop/pen size, construction and location as well as screening. **Approval Letter from HOA** (if applicable) **Payment of \$50.00** To be paid upon satisfaction of the above requirements. **Number Hens to be Kept on Property** (limit of 5) **SECTION 3: SIGNATURES** I certify that the information contained herein is true and correct to the best of my knowledge. I hereby acknowledge the terms of Ordinance 95-17-113 and swear to follow all requirements therein. Further, I hereby grant permission for the City of Atlantic Beach to enter the property listed above for the purpose of inspecting for compliance and agree to remove all hens and associated structures upon the termination or expiration of a temporary permit and/or this ordinance. Signature of Property Owner State of _____ County of ____ Signed and sworn to before me this _____ day of ______, 20____, by ______. Signature of Notary Public Print Name of Notary Public SEAL ☐ Personally Known Produced Identification, Type of Identification:

Updated: 1.17