



City of Inver Grove Heights  
CHICKEN LICENSE APPLICATION

License Period: 3/1/17- 2/28/19

Cost = \$25

Section 1: Site/Applicant/Property Owner Information

1. **Site Address:** \_\_\_\_\_

2. **Applicant Name:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_ Inver Grove Heights, MN \_\_\_\_\_  
Zip Code

3. **Daytime Phone:** (\_\_\_\_) \_\_\_\_\_ **Evening Phone:** (\_\_\_\_) \_\_\_\_\_

4. **Applicant E-mail:** \_\_\_\_\_

5. **Property Owner Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_, \_\_\_\_\_  
Street City State Zip Code

**Property Owner Signature:** \_\_\_\_\_  
(if different from applicant)

The above referenced property's Homeowner's Association rules, if any, do not prohibit the keeping of chickens on the property (please initial):

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable

## Section 2: Coop/Run Information

1. Please provide the total number of chickens to be kept: \_\_\_\_\_
2. Please provide the dimensions of the coop: \_\_\_\_\_
3. Please provide the dimensions of the run: \_\_\_\_\_
4. Describe the exterior materials to be used for the coop and run. Attach a drawing or picture of the coop.  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_
5. Will a fence be added in addition to the coop and run? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide a description of the fence including location, size, and materials.  
  
\_\_\_\_\_  
  
\_\_\_\_\_
6. Please attach a site plan of the property for depicting the location of the chicken coop and run

## Notice and Applicant Signature

I declare that the information I have provided on this application is truthful, and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Inver Grove Heights to investigate and make whatever inquiries are necessary to verify the information provided.

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Applicant Signature

### For Office Use Only:

Application Received: \_\_\_\_\_ By: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Property Owner Notification Sent: \_\_\_\_\_

#### Deputy Clerk Review:

Review Date: \_\_\_\_\_ Property Owner Notification Sent: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Approve: \_\_\_\_\_ Deny: \_\_\_\_\_

#### Code Compliance Specialist Review:

Review Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

#### City Council Review (if required)

Council Action Date: \_\_\_\_\_

Comments/Additional Conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approve: \_\_\_\_\_ Deny: \_\_\_\_\_