Beekeeping Permit Application



Applicant Signature:

Date:

July 1st-June 30th	Permit Year	De Pere Health Departme
	Territe redi	335 S Broadway De Pere, Phone: 920.339.40
Name:		Fax: 920.339.40
Address:		For Internal Use Only:
State/Province:		Initial application reviewed and
Zip/Postal Code:		pre-inspection completed Approved/Initials:
Owner Occupied Property: Yes	☐ No	Renewal application reviewed Approved/Initials:
Home Phone: Email:		Property zoned as:
		Type of dwelling:
Initial Application (\$30.00)		Permit#:
Renewal Application (\$10.00)		Denied:
Beekeeping Education/Training/Com	ipetency C Technical college/university	Beekeeping association Other
	Detail	
A beekeeping permit is required before a person of R-1, single family residence and R-2, two-family reparcel. Permits are not transferable or refundable proposed permitted real property with the owner	esidence districts as specified in ordinance # le. Only the owner of the proposed permitted	86-7. Only one (1) permit shall be issued per dreal property, or an occupant of the
Informati	ion and Documents Required with Appli	ication
Initial application fee of \$30.00. Renewal application	ation fee is \$10.00. Permit renewals are April 1	st-June 30th.
Site plan (sketch) of the property, including the	proposed location(s) of the hives(s) and distan	ices from the side and rear property lines.
Attach consent forms from all adjacent property	y owners.	
Proof of beekeeping competency (i.e. signature,	, internet instruction, technical college/univers	sity)
As owner/occupant of the above mentioned prop complete to the best of my knowledge. In submit with the terms and conditions pursuant of De Per to enter upon the premises where beekeeping has Officer may suspend or revoke any permit issued other good cause.	tting the signed application, I acknowledge t re Municipal Code #86-7. I further understan s been permitted between 8 a.m. and 5 p.m.	that it is my responsibility to comply nd that #86-7 grants a right of inspection Finally, I understand that the Health