Beekeeping Permit Application



July 1st-June	e 30th Permit Year	De Pere Health Department
-		335 S Broadway De Pere, W Phone: 920.339.4054
Name:		Fax: 920.339.4054
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 (S		Permit#:
		Denied: 🗌
eekeeping Educa	tion/Training/Competency Crechnical college/university	Beekeeping association C Other
Detail		

A beekeeping permit is required before a person can keep or maintain be hives in the City. No more than two (2) hives of bees per parcel in R-1, single family residence and R-2, two-family residence districts as specified in ordinance #86-7. Only one (1) permit shall be issued per parcel. Permits are not transferable or refundable. Only the owner of the proposed permitted real property, or an occupant of the proposed permitted real property with the owner's written permission, is eligible to obtain a beekeeping permit.

Information and Documents Required with Application

Initial application fee of \$30.00. Renewal application fee is \$10.00. Permit renewals are April 1st-June 30th.

Site plan (sketch) of the property, including the proposed location(s) of the hives(s) and distances from the side and rear property lines.

Attach consent forms from all adjacent property owners.

Proof of beekeeping competency (i.e. signature, internet instruction, technical college/university)

As owner/occupant of the above mentioned property, I declare that this application and all attachments are true, correct and complete to the best of my knowledge. In submitting the signed application, I acknowledge that it is my responsibility to comply with the terms and conditions pursuant of De Pere Municipal Code #86-7. I further understand that #86-7 grants a right of inspection to enter upon the premises where beekeeping has been permitted between 8 a.m. and 5 p.m. Finally, I understand that the Health Officer may suspend or revoke any permit issued for violations of this ordinance, laws or requirements regulating activity and/or for other good cause.

Applicant Signature:

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Date: