



EAST PENNSBORO TOWNSHIP POLICE DEPARTMENT

98 South Enola Drive • Enola, PA 17025-2796 • (717) 732-3633 • Fax (717) 732-3980

EAST PENNSBORO TOWNSHIP
CHICKEN PERMIT APPLICATION

<input type="radio"/> NEW <input type="radio"/> RENEWAL PERMIT # _____
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LAST	FIRST	MIDDLE
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STREET ADDRESS	CITY	STATE	ZIP
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HOME PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS
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I, hereby certify that the above information is true and correct. I also affirm that the Attachments are true and correct. I understand and agree to abide by the terms and conditions for a Chicken Permit as outlined in _____. I understand that the application/permit fee is nonrefundable. I understand that failure to comply with regulations may result in revocation of the permit and/or subject to criminal penalties prescribed by law. I have also read and initialed the terms of this application.

_____ SIGNATURE OF APPLICANT	_____ DATE
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PLEASE READ THE FOLLOWING REQUIREMENTS CAREFULLY AND INITIAL EACH TO SHOW YOU HAVE READ AND UNDERSTAND THE CHICKEN ORDINANCE.

- _____ I have read the East Pennsboro Township Animal Control Ordinance, Part 3 Keeping of Chickens.
- _____ I will follow all Township ordinances and State laws relating to the care and keeping of animals.
- _____ I am aware that I am responsible for keeping chickens within the confines of my property at all times.
- _____ I am aware that a maximum of four (4) female chickens shall be allowed under permit.
- _____ I grant the right for East Pennsboro Township to inspect my property at any time to ensure compliance and to investigate complaints.

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_____ I acknowledge that I live in a single-family dwelling as per zoning codes and if I rent I have approval from my landlord (See attachment).

_____ I understand that the permit is not transferrable from one individual or location to another.

_____ I acknowledge that I am aware that the ordinance allowing chickens may be amended or repealed and that the owner acquires no vested rights to have or raise chickens by virtue of the issuance of the permit.

_____ I understand that the keeping and handling of chickens may cause health hazards and that adequate health precautions are the responsibility of the applicant.

OFFICIAL USE ONLY – TO BE COMPLETED BY STAFF ONLY

AMOUNT PAID _____ CREDIT CARD/CASH _____ RECEIPT #: _____

Applicant Meets Requirements _____ Does not Meet _____ Corrections Needed _____

Comments _____

APPROVED _____ DENIED _____

Reason for Denial _____

PERMIT ISSUE DATE _____ EXPIRATION DATE _____

PERMIT NUMBER _____

EAST PENNSBORO TOWNSHIP REPRESENTATIVE OR DESIGNEE

DATE

Attachment A

Sketch a diagram below or attach a diagram of the property including the dimensions and;

- Identify the adjacent properties by street address
- Indicate the location of coop and pen

Attachment B

To be completed only if the applicant is a tenant.

I am the owner/landlord of _____, East Pennsboro Township, and I give permission to my tenant, _____, to install a chicken coop and keep chickens on the property.

Property Owner Signature

Contact Telephone Number

Date