



DEPARTMENT OF PLANNING & INSPECTIONS
116 W. BEVERLEY STREET | P.O. BOX 58 | STAUNTON,
VA 24402
540.332.3862 (OFFICE) 540.332.3807 (FAX)

CHICKEN PERMIT APPLICATION

DATE: _____

NAME OF APPLICANT: _____

PRIMARY PHONE #: _____ SECONDARY PHONE #: _____

ADDRESS: _____

PARCEL ID: _____

EMAIL: _____

NAME/ADDRESS OF OWNER OF PROPERTY IF OTHER THAN APPLICANT:

***Note: If applicant is not the listed owner of property, a letter of permission will be required from owner or property manager.** ATTACHED: _____ YES _____ NO

A SITE SKETCH INDICATING THE AREA WHERE CHICKENS ARE TO BE HOUSED WITH TYPES SIZES OF ENCLOSURES AND ALL PROPERTY DIMENSIONS AND SETBACKS MUST BE ATTACHED TO THIS APPLICATION. ATTACHED: _____ YES _____ NO

\$50.00 REVIEW FEE PAID _____ YES _____ NO (NON-REFUNDABLE) *Check or Cash only*

I, _____, APPLICANT, HAVE READ AND UNDERSTAND STAUNTON CITY CODE, 18.153 IN REFERENCE TO THE KEEPING OF CHICKENS. BY MAKING THIS APPLICATION, I UNDERSTAND THAT I AM GIVING PERMISSION TO THE ZONING ADMINISTRATOR, OR DESIGNEE, TO MAKE AN INSPECTION OF THE COOP/PEN AREA WHERE THE CHICKENS ARE TO BE HOUSED ON MY PROPERTY, TO ENSURE COMPLIANCE WITH SETBACK REQUIREMENTS, AND/OR TO INVESTIGATE ANY COMPLAINTS IN REGARDS TO THE KEEPING OF CHICKENS.

Applicant Signature: _____

Applicant Signature Date: _____