



# TOWN OF BASIN CHICKEN PERMIT APPLICATION

209 South 4<sup>th</sup> Street . Basin, WY 82410  
Phone 307.568.3331 Fax 307.568.9352

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZONING \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL: \_\_\_\_\_

NUMBER OF CHICKENS \_\_\_\_\_ (CANNOT EXCEED 8 CHICKENS TOTAL)

SIZE OF COOP/CAGE \_\_\_\_\_

**APPLICATION MUST INCLUDE SITE PLAN INDICATING LOCATION OF COOP/CAGE, SIZE AND SETBACKS.**

**\*Within thirty (30) days of submission of the completed chicken permit form, the appointed Town Official shall issue a written determination approving or disapproving the request. A conditional approval may be issued subject to reasonable conditions agreed upon by the applicant.**

**PROPERTY OWNER ACKNOWLEDGEMENT IF DIFFERENT THAN APPLICANT**

NAME OF PROPERTY OWNER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SIGNATURE OF PROPERTY OWNER \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that I have read section 4-2-12 (E) of the Basin Town Code regarding raising of chickens; and am aware of the guidelines that I must follow in raising chickens. I am aware that if I do not follow the ordinance that I will be subject to enforcement action as found in 4-2-12 (D) Animal Control, Farm Animals.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

APPROVAL GRANTED BY \_\_\_\_\_ DATE \_\_\_\_\_

STAFF COMMENTS: \_\_\_\_\_ EXPIRATION DATE

For Office Use Only			
Date Received		Received Initial	
Fee Attached	Y or N	Amount Fee Paid	\$15.00
Reviewed By		Date	
Received Signature of Applicant	Y or N	Received Site Plan	Y or N