

Urban Chicken Application

Name of Applicant _____

Address _____

Home or cellphone _____ Work Phone _____

Owner of said property if different than applicant _____

24-hour emergency contact phone number _____

(This is the number that will be called if we receive a complaint about the chickens on your property)

Number of chickens to be kept _____. No roosters are allowed and maximum number is 6.

Sale of eggs is prohibited.

Specifications to meet as follows:

_____ Zoning of property (R-1, R-2, R-3)

_____ Coop Size Regulations: can be no larger than 20 square feet and 4 feet high

_____ Design of coop attached and sketch location of same on said property.

_____ Completion of Attachment "A" – signatures of residents within 200 feet on applicant.

Rental Property Permission by Owner of Property

Address _____

is a rental property, which is owned by (Owner of Property) _____

Address of Owner _____

Phone _____. I, the owner of said property do give permission to said

tenant to have chickens on said property. Dated this _____ day of _____, 20 ____.

Signature of Owner of Property

I affirm that all statements contained in the application and Attachments are true and correct and that I the applicant will keep the chickens in compliance with all related regulations required by the City of Kalona. I understand that failure to comply with regulations may result in revocation of said special permission to allow chickens on said property.

Signature of Applicant: _____

Date Submitted: _____

Said application will be submitted to the City Council for approval. Council meetings are the first and third Monday of the Month.

On ____ day of _____, 20____, said Kalona City Council did meet in open session and the above application was on the agenda for approval. The same was

_____ approved _____ denied

by said City Council.

City Staff: _____

