

# City of Park Falls

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## **CHICKEN COOP PERMIT APPLICATION**

MUNICIPAL ORDINANCE 6-6-1

Applicant's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of Hens: \_\_\_\_\_ Size of Coop: \_\_\_\_\_

Size of Fenced Area: \_\_\_\_\_ Base Material: \_\_\_\_\_

Heat Type: \_\_\_\_\_

- Non-Refundable \$75.00 Permit Fee due at time of application. *Failure to obtain a permit before work has started will result in a double permit fee penalty.*
- Permit expires December 31<sup>st</sup> each year. Renewal Fee is \$20.00 annually.

I certify that the information provided on this application is complete and accurate, and I agree to comply with all applicable codes and ordinances of the City of Park Falls and the State of Wisconsin. It is further agreed that the City of Park Falls has no responsibility as to the determination of property lines.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

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Date submitted: \_\_\_\_\_

Action: ( ) Granted ( ) Denied

If denied, basis for denial: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_