

City of Beacon Building Department 1 Municipal Plaza, Suite 4 Beacon, NY 12508

Tel: 845-838-5020 Fax: 845-838-5026

Building Inspector		
~ ·	lication for Keep	oing Chickons
^{T}PP	iicuiion joi Acep	ing Chickens
1 0	e of the City of Beacon address ter of the code before filling ou	ses the keeping of Animals. Please review this at this application form.
		Date
I. APPLICANT INFORM	ATION	
Name:		
Address:		
		Zip Code:
Phone Number:		
Alternate Phone Number:		
Email Address:		
Are you the owner of the prope	rty? YES NO	
II. PROPERTY OWNER I	NFORMATION. <i>Please fill ou</i>	t this section if you are NOT the property owi
	e also attach <u>written consent fr</u>	
Landlord Name:		
Address:		
		Zip Code:
City:	state.	1

Encl	osure Size: (includes interior coop and outside enclosure)		
If the	enclosure exceeds 144sqft, it shall be deemed a structure and will require approval fro	om Building L	Department
Perce	entage of yard covered by enclosure:		
Date	of Construction of enclosure (Month & Year):		
Num	ber of Chickens Allowed (1 per 14 sqft of enclosure space):		
If cut	rent chicken owner, Number of Chickens currently housed:		
	THIS IS FOR BUILDING DEPARTMENT	T USE O	<u>NLY</u>
IV.	BUILDING DEPARTMENT INSPECTION		
		Yes	No
	Enclosure in Rear or Side Yard		
	At least 15ft from any dwelling		
	Total enclosure does not exceed 10% of total yard square footage		
	Coop is clean & free of noticeable odor		
	Coop is structurally sound		
	Feed is properly stored		
	Number of chickens is within permitted limit		
Com	ments:		

Permit fee: \$25.00

Please return all completed applications:
Building Department, One Municipal Plaza, Beacon, NY 12590
Email: Building@beaconny.gov