

BEE AND CHICKEN LICENSE APPLICATION

Planning & Development | Town of High River

Pre-application meetings **are not required** for a Bee or Chicken License. However, if you would like to speak with the Planning & Development Services Divisions before submitting your application to discuss any concerns, please contact us at 403.652.2110 or at planning@highriver.ca and we would be pleased to assist you.

Applicants must fill in the following application form and submit all requirements (unless otherwise discussed with staff).

Bee and chicken licenses are \$75 each annually. Licenses must be renewed annually.

FOR OFFICE USE ONLY

ROLL NO.: _____ DATE ACCEPTED AS COMPLETE: _____

ZONING: _____ FILE NO.: _____

APPLICANT / AGENT INFORMATION

Applicant Name: _____

Mailing Address: _____

Email: _____

Telephone/Fax: _____

PROPERTY INFORMATION

Property owner(s): _____

Municipal address of property: _____

Legal description (Lot, Block, Plan): _____

PROPERTY OWNER SIGNATURE / PERMISSION LETTER

Must provide either property owner signature below **OR** permission letter from the property owner authorizing the agent to sign the application form.

_____ **OR** Permission letter from property owner is attached

Property owner signature

RIGHT OF ENTRY

In accordance with the *Municipal Government Act*, I hereby authorize the Town of High River to enter the above property for the purpose of conducting a site inspection(s).

Property owner signature

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The information collected via this form is being collected by the Town of High River pursuant to legislation governing the information handling practices of the Town of High River, specifically Sections 33 (a) and (c) of the Freedom of Information and Protection of Privacy Act (Alberta), the Municipal Government Act (Alberta), and other legislation or bylaws governing the municipality, as may be applicable. By signing this document, you acknowledge that, in accordance with Section 17(2)(g) of the Freedom of Information and Protection of Privacy Act your name, address and other details related to your permit may be made available to the public. Should you have any questions related to the collection or disclosure of your personal information, please contact the Legislative Services division for the Town of High River at 403.652.2110.

Applicant/agent signature

Items to be submitted unless otherwise discussed with staff:

ADMINISTRATIVE		
One hard copy OR .pdf (USB key or email – planning@highriver.ca)	CHECK BOX IF ITEM IS BEING PROVIDED	CHECK BOX IF ITEM IS NOT APPLICABLE
a) Applicable Fee	<input type="checkbox"/>	<input type="checkbox"/>
b) Registered owner's signature (on p. 1) or a Letter of authorization from the registered owner.	<input type="checkbox"/>	<input type="checkbox"/>
c) Color photographs showing proposed location of bee/chicken enclosure(s)	<input type="checkbox"/>	<input type="checkbox"/>
d) Letters of support from adjacent landowners (recommended but optional)	<input type="checkbox"/>	<input type="checkbox"/>
e) Premises Identification Number through Alberta Agriculture and Rural Development (provide below) _____	<input type="checkbox"/>	<input type="checkbox"/>
f) Have you taken an urban beekeeping or urban chicken keeping course (as applicable)? _____ Course date: _____ Instructor: _____	<input type="checkbox"/>	<input type="checkbox"/>

SITE PLAN		
One 8.5"x11" hard copy of site plan OR .pdf (USB key or email – planning@highriver.ca) certified by a professional advisor showing the following required items in METRIC units	CHECK BOX IF ITEM IS BEING PROVIDED	CHECK BOX IF ITEM IS NOT APPLICABLE
1) Site plan showing:		
a) North arrow	<input type="checkbox"/>	<input type="checkbox"/>
b) Municipal address (street address) and legal address (plan/block/lot)	<input type="checkbox"/>	<input type="checkbox"/>
c) Plot and dimension property lines	<input type="checkbox"/>	<input type="checkbox"/>
d) Location of proposed bee/chicken enclosure(s)	<input type="checkbox"/>	<input type="checkbox"/>

Note: Additional documentation may be required from the applicant after Town staff have reviewed the submitted application.

<p>_____</p> <p>Applicant Signature (confirming that all information provided is correct)</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>Staff member reviewing application completeness</p>	<p>_____</p> <p>Date deemed to be complete</p>

<p>OFFICE USE ONLY</p> <p>Approval: YES/NO (circle one)</p> <p>Date: _____</p> <p>Expiration date (if approved): _____</p>
