

CITY OF FROSTBURG

CHICKEN LICENSE APPLICATION



DEPARTMENT OF COMMUNITY DEVELOPMENT
FROSTBURG MUNICIPAL CENTER
37 BROADWAY, P.O. BOX 440
FROSTBURG, MARYLAND 21532

Applicant Information

Name: _____ Phone: _____

Address: _____ City/St/Zip: _____

Email Address: _____

24-hour Emergency Contact Phone Number: _____ *This is the number that will be called about the chickens on your property.*

Property Owner Information *Leave blank if the same as above*

Name: _____ Phone: _____

Address: _____ City/St/Zip: _____

Property Information

Lot size: _____ square feet Lot width: _____ feet Lot length: _____ feet

Maximum Number of Female Chickens Desired (circle one): 4 6 *Provide Lot Sketch with setbacks on reverse*

MD Poultry Registration No. (Issued by Maryland Department of Agriculture): _____

- _____ (initial here) 1.) I am aware that I must submit this form to the Community Development Department of the City of Frostburg with a \$30.00 registration fee prior to keeping any chickens, and it is to be renewed every 2 years.
- _____ (initial here) 2.) I am aware that I must first receive the license from the Community Development Department of the City of Frostburg for all requirements set forth in the City of Frostburg Code prior to keeping any chickens.
- _____ (initial here) 3.) I am aware of Article XI of the City Code regulating the keeping of chickens, and Sections 6.4 and 6.5 of the City Zoning Ordinance and have reviewed the requirements therein.
- _____ (initial here) 4.) I am aware that I shall conform to any registrations requirements of the Maryland Department of Agriculture, including the Poultry Registration. This form can be found at:
<http://mda.maryland.gov/animalHealth/Pages/poultry.aspx>. I have provided the registration number above.
- _____ (initial here) 5.) I am aware that I am responsible to keeping any and all chickens within the confines of my property at all times.
- _____ (initial here) 6.) I am aware that I am responsible for any property maintenance or City Code violations related to keeping chickens, and violations may result in a municipal infraction punishable by fine.
- _____ (initial here) 7.) I am aware that I am subject to random unannounced inspection upon issuance of this permit.
- _____ (initial here) 8.) I am aware that chickens shall be provided with daily food and water, free of visible contamination, which is of sufficient quantity and nutritive value. Food shall be stored in containers such that rodents are unable to access the contents.
- _____ (initial here) 9.) I am aware the chickens may require veterinary care if they are known or suspected to be sick or injured.
- _____ (initial here) 10.) I acknowledge that I am solely responsible for assuring that chickens may be kept on the property under any applicable covenants or bylaws.
- _____ (initial here) 11.) I acknowledge that the falsification of any information herein is cause for revocation of the license.
- _____ (initial here) 12.) **I am aware that any uncorrected violation to conditions contained herein may result in the revocation of my license to keep chickens in the City of Frostburg for a period of 5 years.**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and that based on my inquiry of those individuals immediately responsible for obtaining the information herein, I believe the submitted information is true, accurate, and complete.

Applicant Name (Printed): _____

Applicant Signature: _____ Date: _____

To be completed by Property Owner, if different from the applicant:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and that based on my inquiry of those individuals immediately responsible for obtaining the information herein, I believe the submitted information is true, accurate, and complete. Furthermore, I certify that I consent to the above referenced applicant, my tenant, to keep chickens in accordance with all City Laws Ordinances and Regulations on property in which I own.

Property Owner Name (Printed): _____

Property Owner Signature: _____ Date: _____

Provide sketch below of property and chicken coop and enclosure location. Indicate setback of coop and enclosure from all lot lines and show the location in relation to other structures on the property and city streets and alleys.



FOR CITY USE ONLY

Application Date: _____ Taken by: _____ Permit Fee: \$30.00 Paid by: _____ Receipt No. _____
Lot Size (from SDAT): _____ Max No. of Chickens Allowed: 4 or 6 Zoning Compliance: YES NO Zoning Approval by: _____
Chicken License Approval by: _____ Date: _____
Expiration Date: April 1, 20____

CHICKEN LICENSE NO.