



## Beekeeping Permit

Please review section 12.15 of the Municipal Code before submitting your application.

### Owner Information:

1. Name:
2. Phone Number:
3. Email:
4. Address:
5. Beekeeping Competency:
  - a. Technical College/University
  - b. Beekeeping Association
  - c. Other (please describe)

Proof of beekeeping competency is required. This may be a letter of recommendation, a certificate of beekeeping course completion, proof of membership to a beekeeping association, or proof of technical college/university training.

### Hive Information:

1. Address (if different from the address listed above):
2. How many hives will be located at this address? A maximum of two hives are allowed per permit, and one permit is allowed per parcel.

3. A site plan (drawing) of the property where hive(s) will be sited is required for a permit to be issued. The drawing should show:
  - a. Hive dimensions (no hives shall exceed 20 cubic feet in volume)
  - b. Distance from fresh water source (in feet)
  - c. Setback distance from rear lot line (in feet)
  - d. Setback distance from side lot line(s) (in feet)
  - e. Setback distance from sidewalk(s) (in feet)

**Beekeeping Permit Fees: \$20.00**

Renewals are for the same permit holder at the same address as the prior year. This permit expires January 1<sup>st</sup> of the following year and must be renewed to continue keeping bees.

Fees are payable as follows:

- Credit Card
- Cash
- Check or Money Order made payable to City of Kaukauna

**For Applicant Use Only:**

As the permit applicant I declare that this application and all attachments are true, correct, and complete to the best of my knowledge. In submittal of the signed application, I acknowledge that it is my responsibility to comply with the terms and conditions pursuant to City of Kaukauna Ordinance #2019-1792. I further understand that this permit application grants a right of inspection of my permitted beekeeping apparatus between 8:00 AM – 5:00 PM. Finally, I understand that the Building Inspector, or his or her designee, may suspend or revoke any permit issued for violations of this ordinance, laws, or requirements regulating activity and/or for other good cause.

Signature of Applicant:

Signature of Property Owner (if different from applicant):

Date of Applicant Submission:

**For Department Use Only:**

Date Permit Application Received:

Site Plan Reviewed:

Payment Received?

Payment Receipt #:

Final Inspection Date:

Name of Staff Inspecting and Reviewing Application:

