



City of Big Rapids
Community Development Department
Phone: (231) 592-4036
Website: www.cityofbr.org

Application for Chicken Permit

Applicant Name: _____ Phone #: _____

Permit Address: _____ Email: _____

PLEASE READ THE FOLLOWING REQUIREMENTS CAREFULLY AND INITIAL EACH TO SHOW YOU HAVE READ AND UNDERSTAND THE CHICKEN ORDINANCE:

_____ I have read the City of Big Rapids Code of Ordinances Section 91.03 CHICKENS PERMITTED and understand the requirements for keeping chickens.

_____ I am aware that I must have an approved Chicken Permit from the City of Big Rapids, prior to obtaining chickens.

_____ I agree to follow all City ordinances and State laws relating to the care and keeping of animals.

_____ I agree to keep all chickens in a fully enclosed area within the back yard, set ten feet back from the boundary and 40 feet from neighboring residences, with a coop no larger than 200 square feet suitable for roosting that is kept clean.

_____ I am aware that I may not make dimensional changes to my coop without first obtaining approval from the Community Development Department.

_____ I am aware that up to five chickens may be kept per residential parcel less than 14,500 sq. ft. and up to ten chickens may be kept per residential parcel over 14,500 sq. ft.

_____ I grant the right for City staff to inspect my property at any time to ensure compliance and to investigate complaints.

_____ I acknowledge that it is required that I be a resident at the property where the chickens are kept, that I live on a single-family residential parcel, and I have attached written approval from my landlord (if applicable).

_____ I understand that failure to comply with regulations may result in revocation of the permit; and/or subject me to criminal penalties as prescribed by law.

_____ I agree to providing and have attached a sketch of my property which will include:

- The distances to neighboring structures.
- The proposed location and size of any coop (including run) that will be used to keep chickens.

Applicant's Signature: _____

Date: _____