



Fee: \$27.50

Receipt Date: _____

Receipt No: _____

**CITY OF PLYMOUTH PERMIT TO KEEP BACKYARD CHICKENS
RENEWAL APPLICATION
TWO BUSINESS DAYS NOTIFICATION AND \$27.50 FEE REQUIRED**

Please return Permit Application and Fee to:

City of Plymouth
City Hall Room 201
P.O. Box 107, 128 Smith Street,
Plymouth, WI 53073

Phone: 920-893-1271

LICENSE IS VALID FOR ONE CALENDAR YEAR BEGINNING JANUARY 1, AND ENDING DECEMBER 31. Licenses purchased after January 1 in any given calendar year will also expire December 31 of that year; and license fees will not be pro-rated.

Applicant Name: _____

Address (where chickens are to be kept): _____

Total number of hens to be kept : _____ (*a maximum of five chickens is allowed per residential lot*).

- ☐ Proof of registration with the State of Wisconsin (WI Statute 95.51) Register online at www.wild.org or phone WLIC at 888-808-1910 (must be completed once every three years)
- ☐ Chicken coop is in same location
- ☐ Chicken coop is in new location (requires new scaled site plan for new zoning review)
- ☐ Single Family Dwelling

I understand the above restrictions on the permit and am submitting this application in compliance with Section 7-1-19 and Section 13-1-144 of the Code of the City of Plymouth.

Applicant Signature

Date

FOR STAFF USE ONLY

License Issue Date: _____

Expiration Date: December 31st, 20 _____

Approved by Zoning Administrator: _____

Comments: _____

Copy: Applicant

Original: Zoning Administrator

Permits are non-transferable and may not be sold or assigned.