

NILES CHARTER TOWNSHIP

APPLICATION FOR KEEPING OF CHICKENS IN RESIDENTIAL AREAS

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____ E-mail: _____

Applicant is the: Owner Lessee

Property Owner's Name (if different from applicant): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____ E-mail: _____

Signature: _____ **Date:** _____

Property Location or Address: _____

Parcel Number: _____

Zoning Designation: _____

Requirements for Keeping of Chickens

(Section 3.27 of the Zoning Ordinance, effective January 6, 2016):

1. Maximum of six (6) hens allowed (Roosters prohibited) in **R-1A, R-1B and R-2 districts**.
2. Chickens shall be provided, and maintained within, a fully enclosed shelter located within the rear yard. Such enclosure shall be located in accord with rear setback standards for the respective districts but shall not be located closer than 25 feet from any side lot line.
3. Chickens shall not be allowed inside a residence, on a porch or in an attached garage.
4. Chickens shall be confined to the coop and the fully enclosed, fenced outdoor area.
5. Coop and outdoor area must be properly maintained and kept clean.
6. Slaughtering chickens outdoors is prohibited.
7. No chickens shall be kept on parcels with more than two (2) dwellings.
8. Sale of poultry products is not allowed in residential districts.
9. At all times proper licensing and permitting shall be maintained. Annual license is required.

I hereby attest that all information on this application is, to the best of my knowledge, true and accurate. I certify that I have familiarized myself with the Keeping of Chickens requirements of the Niles Charter Township Zoning Ordinance as well as the regulations in the Municipal Ordinance (Ordinance #74), and that I will abide by said requirements. Failure to abide can result in revocation of the permit and removal of the animals. I understand that I am responsible for any costs incurred by the Township for removal of the animals.

Signature: _____ **Date:** _____

TO BE COMPLETED BY TOWNSHIP

Date application received: _____ Staff Initials: _____

Application approved: Yes No License # _____ Expires: _____

Signature: _____