

**BOROUGH OF MOUNT EPHRAIM  
BACKYARD CHICKENS PERMIT**



***\*\*Note--all first-time applicants must first obtain Zoning approval before this permit can be issued.***

**Applicant name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

***By signing below, applicant hereby certifies they have been provided with a copy of Ord. No. 11-17 and that they will comply with all requirements. Applicant further certifies that they understand if any of the provisions of Ord. No. 11-17 are violated, their permit will be revoked.***

\_\_\_\_\_  
**Applicant signature**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

***(This section for office use only)***

**Zoning approved:**    yes \_\_\_\_\_    no \_\_\_\_\_    **Date:** \_\_\_\_\_

**Fee paid:** \_\_\_\_\_ **Cash** \_\_\_\_\_    **Check No.** \_\_\_\_\_

**Date issued:** \_\_\_\_\_    **Date expires:** \_\_\_\_\_

**Permit #** \_\_\_\_\_    **Issued by:** \_\_\_\_\_

***A copy of this permit will be forwarded to the Chicken Program Compliance Inspector.***