

Department of Public Health

Dottie-Kay Bowersox, MSA
Public Health Administrator

730 Washington Avenue
Racine, Wisconsin 53403
262-636-9201
262-636-9165 FAX



CITY OF RACINE, WISCONSIN
PUBLIC HEALTH DEPARTMENT

Website: www.cityofracine.org/Health
Email: publichealth@cityofracine.org

Environmental Health Division
262-636-9203
Community Health Division
262-636-9431
Laboratory Division
262-636-9571

APPLICATION FOR CHICKEN PERMIT

INSTRUCTIONS: PLEASE PRINT CLEARLY AND FILL IN ALL BLANKS.

MAKE CHECKS PAYABLE TO "CITY OF RACINE."

TO PAY BY CREDIT CARD, FILL OUT CARD INFORMATION ON BACK OF APPLICATION (Fees do apply).

RETURN WITH \$55 PAYMENT TO: CITY OF RACINE PUBLIC HEALTH DEPARTMENT

730 WASHINGTON AVE., ROOM #1, RACINE, WI 53403

Owners Name:												
Owners Address:												
Zip Code:					Parcel Number:							
Main Phone Number:					Alternate Phone Number:							
Email Address:												
List the registration number from your Wisconsin Department of Agriculture, Trade and Consumer Protection "Livestock Premises Application". # _____												
Do you have a copy of the City of Racine Chicken Ordinance?					Yes		No					
Have you been previously licensed for chickens?					Yes		No					
How many licensed / permitted animals do you currently have at your residential property?					1	2	3	4	5	6	7	None
Number of proposed hen(s).					1	2	3	4				
Are your oldest hen(s) eight (8) weeks of age or older?					Yes		No					
Do you own your own residence?					Yes		No					
					*If no, you must present a signed statement from the owner of the dwelling, consenting to this application and keeping chickens on the premises.							

Do you live in a single-family residential property?	Yes	No
Will you utilize an accessory structure that already exists on the property as a hen house or chicken pen?	Yes	No
Building Permit #: _____	Note: All coops will require a permit by the City of Racine Building Department.	
Provide a detailed description / design of the hen house(s) and chicken pen(s) providing dimensions and the precise location in relation to property lines, adjacent properties, and your principal structure. Also indicate if the enclosures you will utilize are existing, accessory structures and / or chicken tractors. Attach additional documentation and/or photos to this permit application if necessary.	Description / sketch:	
How will you dispose of the Chicken waste?		

Remit fifty dollars (\$55.00) with this application and all supplemental materials to the City of Racine Public Health Department, Environmental Health Division.

Credit Card Information: Credit card fee of 3.95% (minimum of \$1.50) applies

_____	_____
CREDIT CARD PAYMENT (MC OR VISA)	EXP DATE
_____	_____
BILLING ZIP CODE	CVV CODE(ON BACK OF CARD)
_____	_____
NAME AS SHOWN ON CARD	

APPLICANT SIGNATURE

PRINT NAME

DRIVER'S LICENSE NUMBER

DATE OF BIRTH