



410 Division Street
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C2025-_____

CHICKEN COOP PERMIT APPLICATION

MUNICIPAL ORDINANCE 6-6-1

Applicant's Name: _____

Phone: _____ email _____

Address: _____

Property Owner: _____

Property Owner Signature: _____ Phone: _____

Number of Hens: _____ Size of Coop: _____

Size of Fenced Area: _____ Base Material: _____

- Sketch of yard, buildings and chicken coop placement must be included with this application
- **Non-Refundable \$75.00 Permit Fee due at time of application.** *Failure to obtain a permit before work has started will result in a double permit fee penalty.*
- Permit expires December 31st each year. Renewal Fee is \$20.00 annually.

I certify that the information provided on this application is complete and accurate, and I agree to comply with all applicable codes and ordinances of the City of Park Falls and the State of Wisconsin. It is further agreed that the City of Park Falls has no responsibility as to the determination of property lines.

Applicant's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Date submitted: _____ Fee paid: _____

Letters sent: _____ Council meeting date: _____

Action: () Granted () Denied

If denied, basis for denial: _____

Signature: _____ Date: _____

Inspection Date: _____