



Town of Gates
 1605 Buffalo Road
 Rochester, New York 14624
 Ph: (585) 247-6100 Fax: (585) 426-8581

CHICKEN PERMIT APPLICATION

Date Received: _____

 New ()
 Renewal ()

Property Information:

Property Address: _____

Contacts:

Property Owner: (Name listed on property deed)

Applicant: (written permission from owner)

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

1. I have read the Town of Gates [Article 2 Codes 62-21 through 62-25](#) and understand the requirements for keeping chickens.
2. I am aware that I am responsible for keeping chickens within the confines of my property at all times.
3. I am aware that I may not make any dimensional changes (affecting required property set-offs or boundaries or minimum required space) to my chicken coop without first obtaining approval from Town of Gates Building Inspector.
4. I grant the right for Town staff to inspect my property at any time to ensure compliance and to investigate complaints.
5. I acknowledge that I live in a single-family dwelling as per zoning code and if I rent I have approval from my landlord.
6. I understand that the permit is not transferrable from one individual or location to another.
7. I understand the private restrictions on the use of the property shall remain enforceable and shall supersede the permit.
8. I acknowledge that I am aware that the ordinance allowing chickens may be amended or repealed and that the owner acquires no vested rights to have or raise chickens by virtue of the issuance of the permit.
9. I understand that the keeping and handling of chickens may cause health hazards and that adequate health precautions are the responsibility of the applicant.
10. I understand that coops and runs must be in the rear yard, no closer than 10 feet to property lines, and no closer than 40 feet to residential structures on adjoining properties.
11. I understand that an inspection must be scheduled with the Town of Gates Building Inspector upon completion of coop installation.

I, hereby certify that the above information is true and correct. I understand that the application/permit fee is nonrefundable. I understand that failure to comply with regulations may result in revocation of the permit and/or subject to criminal penalties prescribed by law. I have also read and initialed the terms of this application.

 APPLICANT SIGNATURE

 DATE

Documentation Required:

- Plans:** Provide a brochure or picture.
- Survey map:** Highlight location of chicken coop.