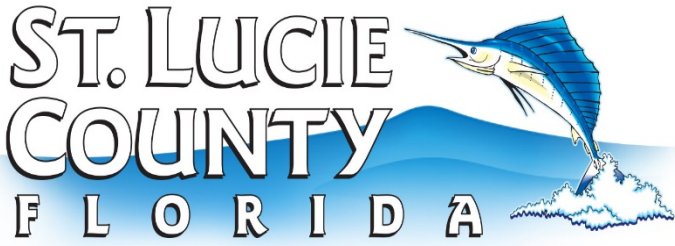


REGISTRATION #: _____



ST LUCIE COUNTY
PLANNING & DEVELOPMENT DEPARTMENT
CODE COMPLIANCE DIVISION
2300 VIRGINIA AVE
FT. PIERCE, FL 34982
PHONE: (772) 462-1571 FAX: (772) 462-1148
<https://www.stlucieco.gov>

BACKYARD CHICKEN PROGRAM APPLICATION

APPLICANT

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
APPLICANT IS: (check one)		
<input type="checkbox"/> OWNER	<input type="checkbox"/> TENANT/RENTER (Property owner must complete the attached affidavit)	
NUMBER OF CHICKENS _____	MAXIMUM ALLOWED FIVE (5)	

OFFICIAL USE ONLY – TO BE COMPLETED BY STAFF ONLY

PROPERTY

TAX/PARCEL ID #:		
ZONING:	EXISTING USE ON PROPERTY:	
APPLICATION MEETS REQUIREMENTS _____	DOES NOT MEET _____	CORRECTIONS NEEDED _____
COMMENTS:		
PROPERTY INSPECTED BY:	DATE OF INSPECTION:	
APPLICATION APPROVED _____	APPLICATION DENIED _____	
REASON FOR DENIAL:		

PLEASE READ THE FOLLOWING REQUIREMENTS CAREFULLY AND INITIAL EACH TO SHOW YOU HAVE READ AND UNDERSTAND THE CHICKEN ORDINANCE.

- _____ I declare that I am the property owner and that I reside at the address provided on the Application.
- _____ I understand that no more than five (5) chickens may be kept on my property.
- _____ I understand that roosters are prohibited.
- _____ I understand that ducks, geese, turkeys, peafowl, or any other poultry or fowl are not allowed under the provisions of this section of the code.
- _____ I understand that chickens and associated activities shall be kept for personal use only. Selling chickens, eggs, or chicken manure, or the breeding of chickens are prohibited.
- _____ I understand that the coop and enclosure must be screened from the neighbor's view, using a six (6) foot tall opaque fence on property lines.
- _____ I understand that the coop and enclosure must be located in the rear yard. No coop or enclosure shall be allowed in any front or side yard.
- _____ I understand that the coop or enclosure must comply with standard setbacks: minimum of ten (10) feet from the side and rear lot lines and a minimum of twenty (20) feet from any side street; and twenty-five (25) feet from any residential structure on an adjoining lot.
- _____ I understand that the coop and enclosure shall provide a minimum of four (4) square feet per chicken and be of sufficient size to permit free movement of the chickens. The coop and enclosure may not be taller than six (6) feet, measured from the existing grade. The coop shall not exceed a maximum of one hundred and twenty-five (125) square feet.
- _____ I understand that the coop and enclosure shall be covered and ventilated, and a fence enclosure/run is required. The coop and enclosure must be completely secured from predators, including all openings, ventilation holes, doors, and gates in order to protect the chickens from predator.
- _____ I understand that all stored feed must be kept in a secure and covered metal container or otherwise protected to prevent rodents and other pests from gaining access to it.
- _____ I understand that chickens shall be housed at all times within a covered coop and enclosure except that they may be removed from the coop by a resident or visitor of the home, provided the resident keeps them under his or her continuous custody and control while they are outside the coop. No electronic monitoring is permitted.
- _____ I understand that chickens cannot be released or set free to trespass on neighboring properties, run at large, or set free at any time.
- _____ I understand that chickens must be secured within the chicken coop during non-daylight hours.
- _____ I understand that chickens shall not be slaughtered.
- _____ I understand that all deceased chickens must be properly disposed of off-site within twenty-four (24) hours of expiring.

_____ I understand that chicken coops and enclosures shall be maintained in a clean and sanitary condition at all times. Chickens shall not be permitted to create a nuisance consisting of odor, noise or pests, or contribute to any other nuisance condition.

_____ I understand that the coop location may be subject to an annual inspection to ensure that the area is being maintained in a manner that is safe and sanitary for the animal and does not burden the neighbors of the residence.

_____ I understand that this registration may not be transferred to another owner.

_____ I understand that if I relocate, I shall apply for a new chicken registration.

_____ I understand that if any condition of this registration has been violated, the County may revoke the registration if the violation has not been remedied after seven (7) days' notice, or if it is a repeat violation.

_____ I understand if a violation of this program occurs, the County may take action through code enforcement proceedings.

I hereby certify that the above information is true and correct. I understand and agree to abide by the terms and conditions for the Backyard Chicken Ordinance. I understand that failure to comply with regulations may result in revocation of the registration. I have also read and initialed the terms of this application.

SIGNATURE OF APPLICANT

DATE

STATE OF FLORIDA
COUNTY OF _____

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared _____ (*property owner/tenant*), by means of physical presence and who is personally known to me or who has produced _____ as identification and who executed the foregoing instrument and sworn an oath on this _____ day of _____, 20_____.

NOTARY PUBLIC



**BACKYARD CHICKEN PROGRAM
OWNER AUTHORIZATION AFFIDAVIT**

I, _____, property owner of the property located at _____
_____ with the parcel/tax ID number of _____ hereby certify that I have reviewed
the completed application and affirm that the representations are true based upon my personal knowledge and belief after
reasonable inquiry. I understand that any failure to make mandated disclosures are ground for this application and any
subsequent permits to become void. I hereby certify that I have reviewed the Backyard Chicken Ordinance and agree to
comply with all rules and regulations as set forth. I hereby authorize _____, my tenant, to act
as my agent on my behalf to seek and obtain the Backyard Chicken Registration on the above-named property.

Date

Owner Signature

Owner Printed Name

STATE OF FLORIDA
COUNTY OF _____

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take
acknowledgements, appeared _____ (*property owner*), by means of
physical presence and who is personally known to me or who has produced _____ as
identification and who executed the foregoing instrument and sworn an oath on this _____ day of
_____, 20_____.

NOTARY PUBLIC