



CITY OF WORLAND
CHICKEN PERMIT APPLICATION

829 Big Horn Avenue Worland, WY 82401
Phone 307.347.2486 Fax 307.347.2480

NAME OF APPLICANT _____
ADDRESS _____ ZONING _____
PHONE NUMBER _____ EMAIL: _____
NUMBER OF CHICKENS _____ (CANNOT EXCEED 8 CHICKENS TOTAL)
SIZE OF COOP/CAGE _____

APPLICATION MUST INCLUDE SITE PLAN INDICATING LOCATION OF COOP/CAGE, SIZE AND SETBACKS.

***Within thirty (30) days of submission of the completed chicken permit form, the appointed Building Official shall issue a written determination approving or disapproving the request. A conditional approval may be issued subject to reasonable conditions agreed upon by the applicant.**

PROPERTY OWNER ACKNOWLEDGEMENT IF DIFFERENT THAN APPLICANT

NAME OF PROPERTY OWNER _____
MAILING ADDRESS _____ PHONE NUMBER _____
SIGNATURE OF PROPERTY OWNER _____ DATE _____

I acknowledge that I have read section 4-30 (Article V) of the Worland City Code regarding raising of chickens; and am aware of the guidelines that I must follow in raising chickens. I am aware that if I do not follow the ordinance that I will be subject to enforcement action as found in 4-7-2 (A) Public Nuisance.

SIGNATURE OF APPLICANT _____ DATE _____

APPROVAL GRANTED BY _____ DATE _____

STAFF COMMENTS:

EXPIRATION DATE

For Office Use Only			
Date Received		Received Initial	
Fee Attached	Y or N	Amount Fee Paid	\$25.00
Reviewed By		Date	
Received Signature of Applicant	Y or N	Received Site Plan	Y or N