

To avoid any delays in processing, applicants are required to complete, sign and upload the Permit Checklist

Chicken Keeping Permit Checklist

	ITEM	Included	If N/A Provide Reason
Application	Location: The site address is in the City of Maitland limits; the correct address for the job site has been provided and includes the specific location on- site (i.e. suite, unit, floor, etc.). Note: If the address or specific location is not available in our database, include the address in the description for our staff to revise during sufficiency.		Required
	Description: Detailed description of work has been provided and is consistent with permit type and workclass.		Required
	Contacts: Provided contact information for Applicant, Owner, Owner Builder or Contractor (i.e. name, address, phone and email).		Required
	Owner: Ensure the owner provided is consistent with the owner displayed on the Orange County Property Appraiser website. Note: If the property ownership has recently changed, please provide a warranty deed.		Required
Additional Information	A Certificate of successful completion of Chicken Care and Raising educational requirement is required and submitted.		
	Checklist Required: Signed <u>Chicken Keeping</u> Permit Sufficiency Checklist is uploaded (named AC.pdf) with the application.		
Plan Set	Plan Set submitted under property naming convention and all sheets are combined and submitted as one (1) pdf document.		
	Plan indicating chicken coop and pen dimensions, specifying construction materials, demonstrating tie-down methods, and demonstrating that the coop is covered ventilated and is impermeable to rodents, predators, and weather. Indicate screening proposed and space per chicken in coop.		
	Plan includes a scaled drawing of the lot on which the coop/pen are proposed with site dimensions provided. Required yards/setbacks, building locations, and proposed distance from any residential structure on an adjoining lot are indicated.		
	Ensure plan set is not submitted in a secured state preventing the ability for staff review.		

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ITEM**Included****If N/A Provide Reason**

By signing this application, I attest the information provided is complete and correct. In addition, I understand the information provided is used to calculate fees.

Applicant's Printed Name

Site Address

Date Completed

Staff Reviewer Initials/Date:

Staff Comments: