



## BACKYARD CHICKENS PERMIT APPLICATION

**EXPIRATION JULY 30, 2025**

<https://cityofmanawa.org/> Ph 920-596-3390 Fax 920-596-3815

Before completing this application, read the permit requirements.			
<b>Applicant Information</b>			
Applicant Name	Coop Location/Billing Address	City	Zip Code
Anticipated Start Date	Applicant Phone	Applicant Email	
<b>Tenants: Complete Property Owner Approval Section</b>			
Property Owner	Property Owner Address	City / State	Zip Code
Property Owner Signature	Property Owner Phone	Property Owner Email	
<input type="checkbox"/> Attach written permission from the Property Owner to obtain and keep this permit.			
<b>Inspection Details</b>			
Applicant must comply with the Wisconsin Department of Agriculture, Trade and Consumer Protection's Livestock Registration Program. Register: <a href="https://wiid.org/premises-registration-renewal/">https://wiid.org/premises-registration-renewal/</a> or call 888.808.1910			
Livestock Premises Registration Number		Livestock Premises Registration Number Expiration Date	
Will the Coop be provided with electricity? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, do you have an Electrical Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No, call 920-596-2577 to obtain a permit	
Number of Hens			
Describe manure disposal plan:			
<input type="checkbox"/> Attach a detailed diagram of the coop location including setbacks and distances from nearby structures on neighboring properties.			
<input type="checkbox"/> Attach a coop design and materials plan.			
<b>License Description</b>		<b>Fee</b>	
Pre-inspection Fee: Backyard Chickens		\$25.00	
Backyard Chickens renewal		\$15.00	
		<b>Total Amount Due:</b>	
Submit Application and Fee to: Manawa Police Department 500 S. Bridge St. Manawa, WI 54949		Make check or money order payable: City of Manawa	

I certify that I am familiar with the City of Manawa requirements and limitations (the rules for the purpose of protecting public health and safety) and the above-described activity will be operated and maintained in accordance with applicable regulations.

\_\_\_\_\_  
Print Applicant Name/Title

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

<OVER>

INSPECTOR / OFFICE USE			
Signature of Chief	Date	License Start Date	New or Renewal
Signature of Clerk	Amount Paid	Check # / Cash	Expires JUNE 30th YEAR 20 ____