CITY OF RIVERSIDE URBAN CHICKEN APPLICATION

| Name of Applicant: | | | |
|--|--|--|--|
| Address: | | | |
| Home/Cell Phone: Work phone: | | | |
| 24 Hour Emergency Contact phone number: (This is the number we will contact if there is a complaint about the chickens) | | | |
| Owner of property if different than Applicant: | | | |
| No Roosters are allowed and the maximum number of chickens at one time is 6. | | | |
| Check list of Required Specifications must be met: | | | |
| Zoning of the property has to be Residential only (R-1, R-2, or R-3) | | | |
| Coop cannot be any larger than 40 square feet or 4 feet tall | | | |
| Please attach a coop design and sketch of site location on property (Please include a photo if possible) | | | |
| Completion of Signatures of all Residents within 200 feet of applicant | | | |
| Rental Property – Permission granted from Owner of Property | | | |
| I, give permission to my tenant,(Name of Tenant) | | | |
| to have chickens on the property listed above. Dated this day of, 2014. | | | |
| Owners Signature: | | | |
| Address: | | | |
| Owners Phone: | | | |

I affirm that all statements contained in this application are true and correct and that I the applicant will keep chickens in compliance with all related regulations required by the City of Riverside and the State of Iowa. I understand that failure to comply with any regulations may result in revocation of my special permit to allow chickens on this property.

| Signature of Applicant: | | | |
|---|--|--|--|
| Date Submitted: | | | |
| | | | |
| Application will be presented to Riverside City Council for approval at the regularly | | | |
| scheduled meeting. Council meetings are held the first and third Mondays of each month. | | | |
| | ****************************** | | |
| On day of, 2014, | the City of Riverside City Council did meet in | | |
| open session and the above application was placed on the agenda for discussion and | | | |
| action. This application was approved _ | or denied by the City | | |
| Council. | | | |
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| | | | |
| | City Administrator | | |

| be kept. | | |
|------------------------|-----------------------------|---|
| Name of Applicant: | | |
| Physical location of C | hickens: | |
| owner, have no object | tions to the above named pe | pen will be. I, the adjacent property erson, keeping chickens in accordance ts according to the City of Riverside |
| Signatures: | Address: | Phone: |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Signatures of property owners within 200 feet of the property where the chickens are to