

BACKYARD CHICKENS PERMIT APPLICATION CHECKLIST



This checklist must be submitted with a Building Permit Application.

Job Information	
Property Address:	Owner Name:
Submittal Requirements	
<p>The following documents must be submitted with application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Building Permit Application (3 copies) <input type="checkbox"/> Application Checklist (1 copy) <input type="checkbox"/> Certified copy of deed restrictions / HOA restrictions or covenants (1 copy)* <input type="checkbox"/> \$25 Permit Fee <p>*May be obtained from County Clerk's Office, Public Records, 2300 Bloomdale Rd., McKinney, TX</p>	

Please check to ensure that the following requirements will be met:

- Not more than four (4) backyard chickens may be kept on any one individual property, tract or residential lot. No roosters are permitted.
- The backyard chicken(s) shall be kept within a secure chicken coop or other similar structure except when being removed to be transported off of the property or returned from a location off of the property.
- The chicken coop or other structure in which the backyard chicken is kept must be located within the rear yard no closer than twenty (20) feet from any property line and at a location which is not visible from any public street.
- The chicken coop or other similar structure in which the backyard chicken is kept must be:
 - (i) constructed in a workmanship like manner of naturally decay resistant wood, or wood that has been pressure treated to resist decay, or galvanized steel or aluminum;
 - (ii) constructed in such a manner as to be readily movable;
 - (iii) be stained, sealed or painted on the exterior to provide additional weather protection to the materials of the chicken coop or structure; and
 - (iv) maintained at all times in a good, sound and clean condition.

Applicant's Signature: _____

Date: _____

Print Name: _____

Contact Phone #: _____

By signing this you have agreed that all required information has been submitted and that all code requirements will be adhered to.



Permit Number _____

Building Permit Application

Site Information				
Project Address	Suite #	Subdivision	Lot	Block
Business Name (If Commercial Project)				
Property Owner Name	Property Owner Address		City, State, & Zip	
Property Owner Contact Phone		Property Owner Email		

Construction Type				
<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	<input type="checkbox"/> Sign	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> CDBG
<input type="checkbox"/> Other: _____				

Permit Type		
<input type="checkbox"/> Shell**	<input type="checkbox"/> Accessory Building (Shed)	<input type="checkbox"/> HVAC/Mechanical
<input type="checkbox"/> Shell/Finish Out**	<input type="checkbox"/> Addition	<input type="checkbox"/> Irrigation**
<input type="checkbox"/> Finish Out**	<input type="checkbox"/> Alteration	<input type="checkbox"/> Outdoor Kitchen
<input type="checkbox"/> Multi-Family**	<input type="checkbox"/> Arbor/Patio/Carport	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Clean & Show	<input type="checkbox"/> Concrete	<input type="checkbox"/> Pool/Spa**
<input type="checkbox"/> Street Lights	<input type="checkbox"/> Demolition	<input type="checkbox"/> Roof
<input type="checkbox"/> Subdivision Wall	<input type="checkbox"/> Donation Bin	<input type="checkbox"/> Sign**
<input type="checkbox"/> Retaining Wall/Fence**	<input type="checkbox"/> Electric	<input type="checkbox"/> Solar**
<input type="checkbox"/> Screening Wall**	<input type="checkbox"/> Emergency Service	<input type="checkbox"/> Special Event
<input type="checkbox"/> Residential Single Family	<input type="checkbox"/> Fence**	<input type="checkbox"/> Storm Shelter**
<input type="checkbox"/> Residential Duplex/Townhome	<input type="checkbox"/> Fireplace/Pit/Grill	<input type="checkbox"/> Water Heater
<input type="checkbox"/> Remodel**	<input type="checkbox"/> Foundation Repair	<input type="checkbox"/> Window Replacement
<input type="checkbox"/> Other: _____		

****Application must be submitted with a corresponding Plan Review Checklist**

Description of Work		
Detailed Scope and Location of Work		
Total Value of Work	Total Sq. Ft.	Business Description
Bldg. Fully Sprinkled: <input type="checkbox"/> Yes <input type="checkbox"/> No		TDLR#: _____
Is Building Usage Changing From Previous Tenant?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Responsible Parties

CONTRACTOR INFORMATION – PLEASE COMPLETE THE OPPOSITE SIDE OF THIS FORM (REQUIRED)

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued all provisions of the City Ordinances, Adopted Codes and State Laws will be complied with whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the property or a duly authorized agent. Permission is hereby granted to enter the premises and make all inspections.

APPLICANT NAME:	SIGNATURE:	DATE:
CONTACT PHONE:	DRIVERS LICENSE #:	
EMAIL:	Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other	
PLAN REVIEW FEE:	RECEIVED BY:	DATE:
PERMIT FEE:	ROADWAY FEE:	OTHER FEE:
TOTAL FEE:	ISSUED BY:	DATE: