

LIVESTOCK WITHIN THE TOWN LIMITS

PERMIT

PERSON APPLYING: _____

ADDRESS AND LEGAL DESCRIPTION OF RESIDENCE: _____

TYPE OF LIVESTOCK: _____

TYPE OF ENCLOSURE WHERE LIVESTOCK WILL BE KEPT: _____

TYPE OF WATER AND FEEDING FACILITIES: _____

CONTACT MAILING ADDRESS AND PHONE NUMBER(S): _____

PLEASE ATTACH WRITTEN APPROVAL(S) SHEET FOR SUCH USE SIGNED BY ALL
RESIDENT LANDOWNERS WITHIN 100 FT OF THE PROPERTY FOR WHICH THE
APPLICATION IS FILED.

SIGNATURE OF APPLICANT: _____

PERMIT FOR A PERIOD OF 12 MONTHS STARTING _____

AND ENDING _____

APPROVED: _____

SIGNED: _____

TITLE : _____

ATTEST:

SIGNED: _____

TITLE: _____

TITLE: _____

