



**CHARTER TOWNSHIP OF COMSTOCK
 PLANNING & ZONING APPLICATION
 KEEPING OF CHICKENS ON A RESIDENTIAL LOT**

6138 King Highway, Kalamazoo MI 49048
 PO Box 449, Comstock MI 49041-0449
 Phone: 269-381-2360 Fax: 269-381-4328

PLEASE PRINT

APPLICANT:

Name _____

Address _____

Phone _____

Email _____

Is the property owned or leased/rented*? _____

** If leased/rented, written permission from the property owner must be submitted.*

COMPLETE ALL ITEMS FOLLOWING:

Informational Item	Response
Number of hens that will be kept at the above location: <i>(up to 6 hens allowed, roosters are prohibited)</i>	
Combined size of the coop and pen: <i>(limit is 90 square feet)</i>	
Height of the coop and pen: <i>(limit is 7 feet)</i>	
During daylight hours, chickens will roam in rear yard area outside of the coop/pen: Indicate *Yes/No	

**If yes, chickens must be supervised and the area where they will roam must be enclosed by a minimum 4-foot high fence.*

ATTACH a sketch or drawing of the coop and pen and **DESCRIBE** below all the materials that will be used to construct them:

DESCRIBE how and where feed and other items associated with the chickens will be stored to prevent rats, mice or other rodents from gaining access:

ATTACH a site sketch and photographs or other information showing the location of the coop, pen, storage areas for feed and outdoor roaming area. The site sketch should include at least the following information:

- Property Lines and Dimensions
- Building Locations
- Coop and Pen location and setback distance from all property lines
- Setback distance from homes on adjacent properties
- Location, type and height of existing and proposed fences
- Areas where chickens will be allowed to roam outside the coop/pen, if applicable
- Storage area and method of handling feed or other items
- Storage area and method of handling manure/waste

INCLUDE the \$50 permit application fee.

ACKNOWLEDGE AND SIGN

I (we), the undersigned, acknowledge that I (we) am aware of the requirements for approval of a permit to keep chickens and all regulations and obligations thereto will be fulfilled as required by Ordinance or the permit will be revoked by the Township and all chickens will have to be removed from the property within 72 hours of notice being provided by the Township of an ordinance violation or I (we) will be issued a citation and fine for a municipal civil infraction and be subject to further legal action by the Township.

I(we) have reviewed and understand Section 4.11.1 of the Comstock Township Zoning Ordinance which addresses the keeping of chickens. I (we) understand that I (we) must call for an inspection of the coop and pen within 10 days of receiving the permit.

Applicant's Signature

Date

Print Name

Property Owner's Signature (if different than applicant)

Date

Print Name

**** APPLICANT MUST ATTACH ALL REQUIRED DOCUMENTS
AND SUBMIT PERMIT FEE ****

TOWNSHIP USE ONLY	Date Received: _____	Permit Number: _____
Planning & Zoning Administrator Action: <input type="checkbox"/> Approved. <input type="checkbox"/> Approved with Conditions. <input type="checkbox"/> Denied.		Ordinance Enforcement Officer Action: <input type="checkbox"/> Reviewed – no violations at site presently or in six months prior to date of review. <input type="checkbox"/> Denied – violations of Township Ordinances at the property presently or in last six months.
Conditions:		
Comments or Reason for Denial:		
<i>Permit Issued:</i> _____ yes _____ no <i>Zoning Official:</i> _____ <i>Date:</i> _____ <i>Ordinance Officer:</i> _____ <i>Date:</i> _____ <i>Inspected:</i> <i>By:</i> _____ <i>Date:</i> _____		
*Application will not be reviewed without payment of required fee: Required Fee: \$50.00	Check No. _____ Receipt # _____ Initials: _____	