



Renewal for Beekeeping Permit

Please review section 12.15 of the Municipal Code before submitting your application.

Owner Information:

1. Name:
2. Phone Number:
3. Email:
4. Address:

Hive Information:

1. Address (if different from the address listed above):
2. How many hives will be located at this address? A maximum of two hives are allowed per permit, and one permit is allowed per parcel.
3. If any changes have been made to the hive(s) since the last permit application (including the addition of a second hive), an updated site plan (drawing) of the lot and the hive location(s) must be submitted with this permit. The drawing should show:
 - a. Hive dimensions (no hives shall exceed 20 cubic feet in volume)
 - b. Distance from fresh water source (in feet)
 - c. Setback distance from rear lot line (in feet)
 - d. Setback distance from side lot line(s) (in feet)
 - e. Setback distance from sidewalk(s) (in feet)

Beekeeping Permit Renewal Fees: \$10.00

Renewals are for the same permit holder at the same address as the prior year. This permit expires January 1st of the following year and must be renewed to continue keeping bees.

Fees are payable as follows:

- Credit Card
- Cash
- Check or Money Order made payable to City of Kaukauna

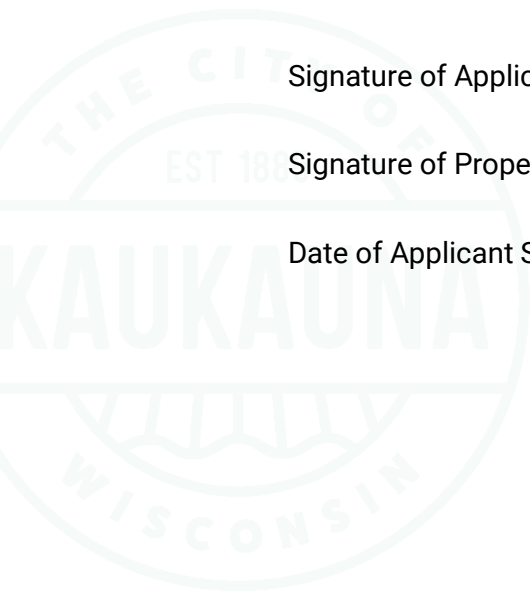
For Applicant Use Only:

As the permit applicant I declare that this application and all attachments are true, correct, and complete to the best of my knowledge. In submittal of the signed application, I acknowledge that it is my responsibility to comply with the terms and conditions pursuant to City of Kaukauna Ordinance #2019-1792. I further understand that this permit application grants a right of inspection of my permitted beekeeping apparatus between 8:00 AM – 5:00 PM. Finally, I understand that the Building Inspector, or his or her designee, may suspend or revoke any permit issued for violations of this ordinance, laws, or requirements regulating activity and/or for other good cause.

Signature of Applicant:

Signature of Property Owner (if different from applicant):

Date of Applicant Submission:



For Department Use Only:

Date Permit Application Received:

Site Plan Reviewed:

Payment Received?

Payment Receipt #:

Final Inspection Date:

Name of Staff Inspecting and Reviewing Application:

