

ANIMAL BYLAW APPLICATION

Applicant Details

Name					
Postal Address					
Home Ph.		Cell Ph.			
Email Address					
Property Details					
Address:					
Legal Description					
Size of Property					
Type of Permit Sought	☐ Poultry ☐ Bee ☐ Pigs				

Application Details

- Please provide the following information as relevant:
 - Details of the number of animals/hives proposed to be kept, including Name, Breed, Sex and Age, Microchip #s if chipped.
- A plan showing the property and location of animal/hive housing/ area, including distances from boundaries and neighbouring houses.
- $\bullet \qquad \textit{Description of and appropriate photos of housing/run \& surrounding environment.}$
- Description of how waste will be disposed of.
- Description of any usual veterinarian or health care regime.
- Any other information that you consider relevant to your application.
- Any proposed measures to ensure a nuisance is not created by waste or noise from activity.
- A copy of registration of hives with the National Bee Keepers Association.
- $\bullet \qquad \textit{The reason for the keeping of that animal in the urban environment.}$

Neighbours Written Approval

The Manawatu District Council Animal Bylaw 2014 defines 'Neighbours' as being both the Owner(s) and Occupier(s) of a property.

Property Addre	200	Name and Signature of Occurring						
Property Addre	:55	Name and Signature of Occupier						
History Decla	ration							
Statement Regardin	ng History							
		at this property bee	en involved in any br	eaches of Council By	laws in any region			
or the Animal Welfare Act 1999?								
□ No □ Y	es (Please provide d	etails)						
				-				
Site Visit App	roval							
I understand that Co	ouncil may inspect th	ne property as part o	of the assessment of	this application. I ce	rtify that the			
I understand that Council may inspect the property as part of the assessment of this application. I certify that the information provided is correct and that I accept the above terms and conditions.								
Full name:								
Signature:		Date:						
Office Use								
Fee Paid:		Receipt No.		Date:				

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