

**BOROUGH OF BARRINGTON
BACKYARD CHICKENS PERMIT**



****Note--all first-time applicants must first obtain Zoning approval before this permit can be issued.**

Applicant name: _____

Address: _____

Phone: _____ Cell: _____

By signing below, applicant hereby certifies they have been provided with a copy of Ord. No. 1036 and that they will comply with all requirements. Applicant further certifies that they understand if any of the provisions of Ord. No. 1036 are violated, their permit will be revoked.

Applicant signature _____
Date

(This section for office use only)

Zoning approved: yes _____ no _____ Date: _____

Fee paid: _____ Cash _____ Check No. _____

Date issued: _____ Date expires: _____

Permit # _____ Issued by: _____

A copy of this permit is to be forwarded to the Chicken Program Compliance Insp