



Village of St. Jacob Chicken Application

Applicant Name: _____

Phone: _____

Address: _____

Email Address: _____

Emergency Contact: _____

Phone: _____

Address: _____

How many Chickens? _____ (maximum 5, no roosters)

Please initial the following

_____ I have received a copy of Ordinance 16-578, AN ORDINANCE AUTHORIZING THE
KEEPING OF CHICKENS WITHIN THE VILLAGE OF ST. JACOB.

_____ I have read and agreed to the terms of Ordinance 16-578, AN ORDINANCE
AUTHORIZING THE KEEPING OF CHICKENS WITHIN THE VILLAGE OF ST. JACOB.

Signature: _____ Date: _____

Office Use Only

Annual Fee \$20.00 cash/check _____

_____ Approved _____ Denied

Permit #: _____

Authorized Signature: _____ Date: _____