

Conditions For Keeping Chickens Within The City of Davison

200 E. Flint Street

Davison, MI 48423

Telephone: 810-653-2191

1. This application for a permit with the City of Davison for the raising of chickens shall include a sketch of the location and basic design of the proposed coop. The cost of this permit will be determined by resolution of Council, and the permit will be effective for a period of two (2) years.
2. Chickens should be carded for following Generally Accepted Agricultural Management Practices (GAAMPS).
3. No more than four (4) hens may be kept.
4. No roosters may be kept.
5. No person shall slaughter any chickens outside on any residential property.
6. Chickens must be kept in a fully enclosed structure with a cover at all times.
7. Structures housing chickens shall be located in the rear yard or no less than 40 feet from the front property line on a side lot of any residential structure.
8. Structures housing chickens shall be located no closer than five (5) feet from any property line of an adjacent property.
9. An enclosure housing chickens shall not be located closer than twenty (20) feet from any residential structure on an adjacent property.
10. All enclosures for the keeping of chickens shall be constructed or repaired to prevent rats, mice, or other rodents from being harbored underneath, within, or within the walls of the enclosure and to prevent access by predatory animals.
11. All feed and other items associated with the keeping of chickens that are likely to attract or become infested with or infected by rats, mice or other rodents shall be properly contained to prevent the same from gaining access to or coming into contact with them.
12. Chickens kept under this permit shall be kept only for non-commercial, food-product purposes.
13. Chicken coops must be cleaned to control for odor created by accumulation of waste. Collected waste shall be contained and placed in waste bins for curbside pickup.
14. Violation of any terms specified in this permit may result in the revocation of the permit and/or a citation at the discretion of the City.

I have received a copy of these rules for keeping chickens within the City of Davison.

I understand that I must have an inspection of the chicken coop before getting any chickens. _____

(Initial)

Date: _____

Number of Chickens to be raised: _____

Name (Print) : _____

Address: _____

Signature: _____

**BUILDING DEPARTMENT
CITY OF DAVISON**

200 E. FLINT ST. SUITE 2

DAVISON, MI. 48423

Phone: 810-653-2191 - Fax: 810-653-9621

www.cityofdavison.org**APPLICATION FOR PLAN EXAMINATION
BUILDING/ZONING COMPLIANCE PERMIT**

INSTRUCTIONS: Applicants must complete all sections, including the Site Plan. Please note page three is for department use only.

Application Date	Permit Type:						Permit No.	
	Circle One:	Building	Rehab	Demo	Sign	Other	Is Owner Applicant Yes No	

Note: Permits for Electrical, Mechanical, and Plumbing must be obtained thru the State of Michigan.

1. PROPERTY INFORMATION (Location where permit is being issued)

Street Address	Zoning	Parcel Type (Circle One) Residential Industrial Commercial Other	
Legal Description	Parcel No. 52-		

2. OWNER(S) INFORMATION

Owner(s) Name	Business Name		Phone	
Street Address	City	State	Zip Code	

3. CONTRACTORS INFORMATION

Business Name	Builder's License No.		Phone	
Owner(s) Name	Federal Employer ID No.			
Address	City	State	Zip Code	
Workers Comp Insurance Carrier	MESC Employer Number			
Architect/Engineer of Project	License No.		Phone	
Address	City	State	Zip Code	

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his or her authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official or the Code Official's authorized representative shall have the authority to enter the area covered by such permit at any reasonable hour to enforce the provision(s) of the Code(s) applicable to such permit.		
Signature of Applicant	Address	Phone
Responsible Person in Charge of Work	Title	Phone

9. SITE OR PLOT PLAN - For Applicant Use

(Show all lot lines, any easements and building layout and dimensions)

