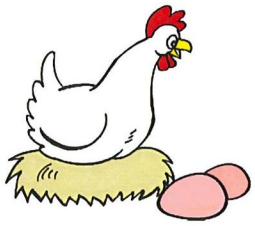
HADDON HEIGHTS
THE FRIENDLY COMMUNITY



BACKYARD HENS
APPLICATION FORM

The Borough of Haddon Heights has licensing requirements for residents desiring to participate in the Hens in Heights Program

Applicant Information:

Name: _____
First Middle Last

Current Address: _____
Street City/Municipality State Zip

Home Phone:_____

Primary Participant's Name:_____

Cell Phone Number:_____ E-Mail Address:_____

Secondary Adult in the Household's Name:_____

Cell Phone Number:_____ E-Mail Address:_____

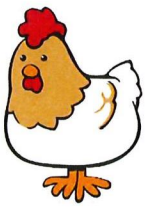
Applicants must answer the following questions:

Have you ever owned backyard chickens? _____ YES _____ NO

If yes, please explain_____

How many hens do you plan to own?_____ (Note: There is a limit of 8 hens)

By agreeing to participate in the Program, the Applicant acknowledges they have read the Ordinance and their property meets the requirements of the program. They acknowledge they may not begin raising hens until they've completed the required class. They agree to meet with the Hen Advisory Board prior to submitting an application. Should they, at any time, desire to withdraw from the Program, they will inform the Hen Advisory Board.



COST: **An annual $10 for each license/household**

SIGNATURE OF PRIMARY APPLICANT:_____

SIGNATURE OF SECONDARY APPLICANT:_____

Municipal Building, 625 Station Avenue, Haddon Heights, New Jersey 08035
P: (856) 547-7164 F: (856) 547-5259 www.haddonhts.com

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(code 170)

VERIFICATION OF ATTENDANCE AT MANDATORY CLASS:_____

DATE AND LOCATION OF CLASS:_____

DATE OF PRE SITE VISIT WITH APPLICANT:_____

DATE OF POST SITE VISIT _____

APPROVAL TO PARTICIPATE IN PROGRAM:_____

SIGNATURE BACKYARD CHICKEN ADVISORY BOARD:_____

_____

APPLICATION FEE RECEIVED:_____