



# BACKYARD HEN LICENCE Application

## APPLICANT

Name(s):

Complete Address:

City:

Postal Code:

Phone:

Email:

Property Zoned as:

R-1

R-2

## HEN INFORMATION

Breed of Hen:

# of Hens:

Breed of Hen:

# of Hens:

Breed of Hen:

# of Hens:

## DECLARATION

I have read and understand the City of Duncan information on the keeping of hen(s) as required by the City of Duncan Animal Regulation and Impounding Bylaw.

The information is listed on the City's website [www.duncan.ca](http://www.duncan.ca) or is available at City Hall.

I confirm that I reside at the same address where the hens will be raised.

**Registered Owner/Tenant (Print):**

**Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are not the owner of the property where the hens will be kept, the following must be completed:

This Application is made with my full knowledge and consent.

**Registered Owner/Tenant (Print):**

**Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Registered Owner/Tenant (Print):**

**Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

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**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

## OFFICE USE ONLY

**Approved By:**

**Signature:**

**Date:**

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\_\_\_\_\_

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**NOTE:** This is an application. Completing this form does not guarantee approval. Your application will be reviewed and you will be contacted.

Personal information you provide on this form is collected pursuant to Section 26 of the *Freedom of Information and Protection of Privacy Act* and will only be used for the purpose of processing this application. Your personal information will not be released except in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of your personal information may be referred to the Corporate Services Coordinator by email: [duncan@duncan.ca](mailto:duncan@duncan.ca) or phone: 250-746-6126.