



MACKINAW POLICE DEPARTMENT

Michael Kemp, Chief of Police

102 East East Avenue, P.O. Box 877

Mackinaw, Illinois 61755

Phone Dispatch: (309) 346-4141

Office: (309) 359-8914



BACKYARD HEN PERMIT RENEWAL APPLICATION

Name: _____

Street Address: _____

Phone Number: _____ Email Address: _____

Is This a Rental Property? ___ Yes ___ No

I, hereby certify that the above information is true and correct. I also affirm that Attachments A-C are true and correct. I understand and agree to abide by the terms and conditions for a Backyard Hen Permit, Village of Mackinaw Ordinance 933. I understand that the \$25.00 application/permit fee is non-refundable. I understand that failure to comply with regulations may result in revocation of the permit and/or subject to criminal penalties prescribed by law.

Signature of Applicant

Date

Please list any changes that have been made to your coop or yard.

OFFICIAL USE ONLY-TO BE COMPLETED BY STAFF ONLY

Amount Paid: \$ _____ **Date:** _____

Applicant Meets Requirements **Applicant Does Not Meet Requirements** **Applicant has Corrections Needed**

Comments:

Approved **Denied**

Reason for Denial: _____

_____ **Permitted Number of Hens**

_____ **Issuance Date**

_____ **Expiration Date**

_____ **Permit Number**

Police Chief or Designee

Date

Attachment A (Complete ONLY if changes have occurred)

Draw the chicken coop and run including the dimensions of each. Briefly describe materials being used to construct the coop and run.

Attachment B (Complete ONLY if changes have occurred)

Sketch a diagram below or attach a diagram of the property including dimensions and:

- Identify the adjacent properties by street address
- Indicate the location of the coop and run

Attachment C (Complete ONLY if changes have occurred)

To be completed only if the applicant is a tenant.

I, _____ am the owner/landlord of _____, Mackinaw, IL, and I give permission for my tenant, _____, to install a chicken coop and keep hens on the property.

Signature

Contact Phone Number

Date