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
FOR OFFICIAL USE ONLY
(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: ________________________________