



Lincoln County Health Department
418 Mineral Ave.
Libby, Mt. 59923
Phone (406)283-2442 Fax: (406)293-5640
www.lincolnmthealth.com



CITY OF LIBBY URBAN CHICKEN PERMIT APPLICATION

This application will be reviewed for completeness by Lincoln County Health Department prior to conducting an inspection. The inspection will include the chicken house and secure enclosure, and setback of said structure from property lines and adjacent dwelling units. The Health Department will recommend approval or disapproval of the application after the complete application is received and the inspection is conducted. An annual Urban Chicken permit fee is due upon permit eligibility approval.

Please complete the following:

Name: _____ Phone: _____

Cell: _____ Email: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

LOT LAYOUT

Provide a sketch of the property showing buildings, dwellings, coop location, property lines and streets:

Please provide the following information:

Circle "YES" or "NO" and fill in the blanks where appropriate

Does the chicken coop consist of a chicken house connected to an outdoor chicken enclosure (run)? YES or NO

Is the chicken house covered, predator-resistant and thoroughly ventilated? YES or NO

Can the chicken house be easily accessed, cleaned and maintained? YES or NO

Is the chicken run covered, secure and predator-resistant? YES or NO

Will chickens have continuous access to adequate and appropriate feed? YES or NO

Will chickens have continuous access to water? YES or NO

Will chicken coop be cleaned on a regular basis? YES or NO

Square feet of chicken house space: _____

Square feet of confined run space: _____

Distance from the chicken coop to the nearest property line: _____

Distance from the chicken coop to the nearest dwelling occupied by a person other than applicant: _____

NOTE: BY SIGNING AND SUBMITTING THIS APPLICATION, THE APPLICANT ACKNOWLEDGES AND AGREES TO COMPLY WITH THE TERMS OF THE CITY OF LIBBY ORDINANCE TITLE 7, CHAPTER 5, "URBAN CHICKENS". APPLICANT HEREBY AUTHORIZES INSPECTION IN ACCORDANCE WITH THIS CITY OF LIBBY ORDINANCE.

ACCEPTANCE AND PROCESSING OF THIS PERMIT APPLICATION DOES NOT CONSTITUTE THE ISSUANCE OF A PERMIT.

QUESTIONS MAY BE DIRECTED TO THE LINCOLN COUNTY HEALTH DEPARTMENT AT (406)283-2442.

Applicant Signature: _____ Date: _____

SPACE BELOW THIS LINE RESERVED FOR LINCOLN COUNTY

Residential District of Single-Family Dwelling: A B C

MAXIMUM NUMBER OF FEMALE DOMESTIC CHICKENS PERMITTED: _____

(Up to 5 based on minimum 3 ft² of coop space and 10 ft² of confined run space per chicken. NO ROOSTERS.)

____ APPROVED

____ DENIED

Notes:

Lincoln County Health Department Signature: _____ Date/Time: _____