

Village of Stetsonville

Application for the Keeping or Maintaining of Chickens

(Ordinance 250)

Date: \_\_\_\_\_

Property Owner (s) Name (s) \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone Number                      Work Phone Number                      Cell Phone Number

Number of Chickens: \_\_\_\_\_

State of Wisconsin )  
County of Taylor ) ss. Over 

The undersigns being first duly sworn on oath, deposes and say that he/she is the homeowner named in the foregoing application and he/she has read and understand the attached Ordinance #250

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

FOR THE PERIOD from 1/1/2023 to 12/31/2023.

Given under my hand and the corporate seal of the Village of Stetsonville.

\_\_\_\_\_  
Jan Tischendorf, Clerk/Treasurer

Office Use:

Date Received: \_\_\_\_\_

Attachments: \_\_\_\_\_ Landlords Approval, if necessary:  
                  \_\_\_\_\_ List of Abutting Property Owners

Fee Received: \_\_\_\_\_ (\$15.00)      Receipt #: \_\_\_\_\_

Signature of Clerk/Treasurer \_\_\_\_\_ Date: \_\_\_\_\_

# Village of Stetsonville

I, \_\_\_\_\_, certify that I personally notified all abutting property owners listed below of my intent to keep and maintain \_\_\_\_\_(Number) of chickens at my property located at \_\_\_\_\_  
In the Village of Stetsonville.

I know the signers are abutting property owners.

I know their respective residences given.

I am aware that falsifying this document will result in revocation of my permit.

Property owner (printed)	Signature	Property address in village

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Signature

Date

Permit shall be renewed annually, January 1 to December 31.