



CITY OF CHANHASSEN

Beekeeping Application & Permit Form - \$25

Per City Code Section 5-122, a permit is required to keep bees.

Section 1: Applicant Information

Name of Applicant: _____

Address: _____
Street City State Zip

Phone: (____) _____ Alternate Phone: (____) _____

Email: _____

Section 2: Property Information

Zoning: _____ Lot size (acres): _____

Number of colonies/hives: _____

Colonies/Hives Permitted			
1/3 to 1 acre: 2 colonies	1 to 2.5 acres: 4 colonies	2.5 to 10 acres: 8 colonies	10+ acres: no limit

Name of Land Owner: _____

Address: _____
Street City State Zip

Phone: (____) _____

Address of Property (if different): _____

Section 3: Supporting Documentation

The following documents **MUST** be submitted along with the application:

- Certificate/proof of 16 hours of training in beekeeping
- Survey of property showing proposed locations of all hives*
- Notarized statement declaring that beekeeper has informed all adjoining neighbors of your intent to keep bees

*Colonies must be kept in the rear yard and be setback 25 feet from property lines

Section 4: Notice

I have familiarized myself with the attached *Chanhassen City Code Chapter 5-120-126 Honey Bees* pertaining to beekeeping and subsequent ordinance amendments pertaining thereto, and will abide by the provisions contained therein.

I hereby consent to inspection of the premises as provide by Chanhassen City Code Chapter 5-125, and understand that all facts set forth in this application are true and correct to the best of my knowledge. Failure to meet the standards described in *Chanhassen City Code Chapters 5-120-126* may result in the revocation of this permit.

Applicant's signature

Date

Complete and submit form with required attachments to: City of Chanhassen
Attn: Beekeeping Permits
7700 Market Boulevard
P.O. Box 147
Chanhassen, MN 55317

<i>For office use only</i>		
Date Received: _____	\$25 Fee Paid: _____	Permit Number: _____
I hereby certify that I have reviewed the submitted application and find it to be in compliance with the ordinance.		
Approved by: _____	Date: _____	
Comments: _____		

