



SEMINOLE COUNTY PLANNING & DEVELOPMENT DIVISION

1101 EAST FIRST STREET, SANFORD, FLORIDA 32771

(407) 665-7371

www.seminolecountyfl.gov

BACKYARD CHICKEN PROGRAM

PURPOSE The intent of this program is to permit the keeping of a maximum of four (4) chickens (hens) in an occupied single family residential lot.

PROCESS Upon receipt of the completed application, required attachments as detailed below and non-refundable application fee, the County shall review all materials to make compliance determinations under the Ordinance. Following issuance of the permit and any applicable building permits, County staff will perform an inspection to ensure compliance. Upon receipt of the Backyard Chicken Program permit, all applicable building permits shall be obtained PRIOR to the construction of any structures to house chickens. If the coop structure exceeds 100 square feet (10' x 10'), a permit is required by the Florida Building Code.

REQUIREMENTS The following items must be submitted:

- ❑ Completed application
- ❑ A scaled drawing, survey or plot plan of the lot on which the chicken coop/pen are proposed with*:
 - site dimensions;
 - locations and dimensions of all existing and proposed structures to scale;
 - required setbacks;
 - all construction materials to be used;
 - tie-down methods to be used for the coop/pen (mobile units are prohibited unless properly anchored to the satisfaction of the Building Official);
 - information demonstrating that the coop is covered, ventilated and that it is impermeable to rodents, predators, and weather;
 - details regarding space per chicken in coop and run (not to be less than 4 sq. ft. and 5 sq. ft. per chicken respectively); and
 - details regarding distance/setbacks of coop from all residential structures on adjoining lots.
- ❑ Proof of successful completion of a class at a University of Florida Agricultural Extension Service on the care and raising of chickens.
- ❑ Completed Owner Authorization Affidavit, if applicable.
- ❑ Application fee of \$75.00.

DELIVERY METHODS Completed application, fee and all of the required attachments may be sent via:

- **E-mail:** plandesk@seminolecountyfl.gov
- **Hand delivery:** Seminole County Planning & Development Division, West Wing, Second Floor, Room 2028, 1101 East First Street, Sanford, Florida 32771
- **Mail:** Seminole County Planning & Development Division, 1101 East First Street, Sanford, Florida 32771

*Applicants are responsible for ensuring compliance with setback requirements. The County is not liable, if upon inspection, a coop, run, or pen is required to be moved to meet setback requirements.

PROJECT #: _____



SEMINOLE COUNTY
PLANNING & DEVELOPMENT DIVISION
1101 EAST FIRST STREET, ROOM 2028
SANFORD, FLORIDA 32771
PHONE: (407) 665-7371 FAX: (407) 665-7385
<http://www.seminolecountyfl.gov/gm/devrev/index.aspx>

BACKYARD CHICKEN PROGRAM APPLICATION

APPLICANT

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
APPLICANT IS: (check one)		
<input type="checkbox"/> OWNER <input type="checkbox"/> ATTORNEY FOR OWNER <input type="checkbox"/> AGENT FOR OWNER <input type="checkbox"/> TENANT/RENTER <input type="checkbox"/> CONTRACT PURCHASER		

OWNER (IF APPLICANT IS NOT THE OWNER)

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	

PROPERTY

TAX/PARCEL ID #:			
ADDRESS:			
EXISTING USE OF PROPERTY:			
ZONING:	FUTURE LAND USE:	LOT SIZE:	BCC DISTRICT:

REQUIRED ATTACHMENTS

<input type="checkbox"/> FEE	<input type="checkbox"/> SCALED DRAWING	<input type="checkbox"/> CERTIFICATE OF CLASS COMPLETION	<input type="checkbox"/> OWNER AFFIDAVIT
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By applying for this permit, the applicant and owner agree to the terms and conditions of the Ordinance establishing the Backyard Chicken Program (Ordinance #2018-20) including, but not limited to:

- Granting the County and its officials, officers, employees and agents a right-of-entry upon the subject property, including the rear yard, located at the property address listed above for inspection purposes to ensure compliance with the Ordinance after the issuance of this temporary permit.
- Holding the County and its officials, officers, employees and agents harmless concerning matters relating to or concerning the temporary permit and Ordinance #2018-20.
- Keeping up to a maximum of four (4) chickens. "Chicken" refers to female chickens (hens) ONLY.
- Chickens must be kept within a coop or enclosure at all times, unless being supervised by their owner in the rear yard.
- Selling chickens, eggs, feathers, or chicken manure, or the breeding of chickens for commercial purposes is prohibited.
- The coop and enclosure must be screened from the neighbor's view, using an opaque fence and/or landscape screen.
- All applicable building permits shall be obtained prior to constructing enclosures.
 - Any coop, run and enclosure must be located in the rear yard.
 - The enclosure must be a minimum of ten (10) feet from the rear and side property lines and twenty (20) feet from neighboring residential homes.
 - If the coop structure exceeds 100 square feet (10' x 10'), a building permit is required by the Florida Building Code.
 - The coop must be completely secured from predators, including all openings, ventilation holes, doors, gates (fencing/roofing is required over the enclosure for additional protection).
 - The coop shall be a minimum of four (4) square feet per chicken but must not exceed 150 sq. ft. and may not be taller than eight (8) feet.
- The Applicant shall call for an inspection by the Planning and Zoning Division after the issuance of the permit and when the chickens, coop, run and screening are in place. Building permit inspections, if applicable, are performed separately by the Building Division.
- The applicant and owner have received a full and true copy of Ordinance #2018-20.

DATE

DATE

SIGNATURE OF APPLICANT

SIGNATURE OF OWNER

NAME OF APPLICANT

NAME OF OWNER

OWNER AUTHORIZATION AFFIDAVIT

I, _____ as the fee simple title holder of the property located at _____ with the parcel/tax ID number of _____, hereby certify that I have reviewed the completed application and affirm that the representations are true based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is ground for this application and any subsequent permits to become void.

I hereby certify that I have reviewed Ordinance #2018-20 and agree to comply with all rules and regulations as set forth.

I hereby authorize _____ to act as my agent on my behalf to seek and obtain a permit on the above-named property.

DATE

OWNER SIGNATURE

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me on this _____ day of _____, 20____ by _____, who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

NOTARY PUBLIC