



CLEARVIEW

Application for the Keeping of Backyard Chickens

Applicant Information

Name of Applicant	
Name of Landowner (if other than Applicant)	
Address of Property where Chickens is to be kept, including postal code	
Mailing Address of Applicant (if different than above)	
Telephone Number	
Email (optional)	

Declarations

I _____ (name of applicant(s))
hereby declare:

1. That I have reviewed the following documents:
 - a. The OMAFRA Factsheet entitled "Biosecurity Recommendations for Small Flock Chickens Owners"
 - b. The Resource Kit entitled "Keeping Your Birds Healthy" distributed by the Ontario Ministry of Agriculture, Food and Rural Affairs.
2. That I will provide for suitable housing and shelter of the chickens in my care and will maintain such housing in a clean and wholesome state, having regard for Biosecurity Recommendations for Small Flock Chickens Owners
3. That I will provide the Chickens in my care with appropriate food, water, space, and environmental conditions conducive to good health and the

opportunity to socialize and engage in fundamental behaviours such as scratching, roosting and dust bathing.

4. That I have reviewed the relevant sections of the Township of Clearview's Zoning By-law and will abide by the permissions and provisions within it.

Dated this _____ day of _____, 20____

Signature of Applicant

Signature of Witness

Where applicant is a tenant, the signature of the landowner is required below confirming they are aware of and support the application for keeping of Backyard Chickens on the lands.

Signature of Applicant

Signature of Witness