

DATE RECEIVED: \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_  
PERMIT # \_\_\_\_\_



## BEEKEEPING PERMIT APPLICATION

### APPLICANT USE:

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ADDRESS: \_\_\_\_\_ OR PID # \_\_\_\_\_  
PROPERTY OWNER: \_\_\_\_\_ PHONE # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING INFORMATION & STATE THAT YOU UNDERSTAND THE REQUIREMENTS OF A PERMIT OF THIS TYPE:

IS YOUR LOT SIZE A MINIMUM OF ONE-HALF ACRE: \_\_\_\_\_  
I UNDERSTAND THAT I MAY NOT HARBOR MORE THAN TWO (2) HONEY BEE COLONIES: \_\_\_\_\_  
I UNDERSTAND THAT BEE HIVES MUST BE SET BACK AT LEAST 25' FROM LOT LINES (SITE PLAN ATTACHED): \_\_\_\_\_  
I HAVE OBTAINED WRITTEN PROOF OF ACCEPTANCE OF ME HARBORING BEES ON MY PROPERTY FROM OWNERS OF ABUTTING PROPERTIES (ATTACHED): \_\_\_\_\_  
I HAVE AT LEAST 16 HOURS OF TRAINING IN BEEKEEPING & HAVE ATTACHED PROOF: \_\_\_\_\_  
THE COLONY SHALL BE MAINTAINED IN GOOD ORDER AND NOT BE A NUISANCE TO ANY MEMBER OF THE PUBLIC: \_\_\_\_\_

A PERMIT BECOMES NULL AND VOID IF THE KEEPING OF BEES IS NOT COMMENCED WITHIN 120 DAYS OF RECEIPT OF A PERMIT OR IF THERE ARE VIOLATIONS OF THE REQUIREMENTS.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. I UNDERSTAND THE LAWS AND ORDINANCES GOVERNING THIS ACTIVITY.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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(IF YOU HAVE QUESTIONS ON CODE ITEMS, REQUIRE INSPECTIONS OR TO SCHEDULE AN INSPECTION CALL 651-429-4750)

### CITY USE ONLY:

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PLANNING: ZONING DISTRICT: \_\_\_\_\_ MINIMUM SETBACKS VERIFIED \_\_\_\_\_

BUILDING OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

SUBJECT TO THE FOLLOWING CONDITIONS: \_\_\_\_\_

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CITY HALL:  
CITY OF CENTERVILLE  
1880 MAIN STREET  
CENTERVILLE, MN 55038  
PHONE: 651-429-3232 FAX: 651-429-8629

BUILDING OFFICIAL  
2085 W. CEDAR STREET  
CENTERVILLE, MN 55038  
PHONE: 651-429-4750