

APPLICATION FOR ROOSTER KEEPING PERMIT UNDER VENTURA COUNTY ROOSTER KEEPING ORDINANCE

Office U	se Only	
Fees:	Inspection Date(s):	
Permit No:		
Date Permit Issued:		

APPLICANT INFORMATION				
Name:				
Date of Birth:	E-mail:	Phone:		
Current Address:				
City:	State:	Zip Code:		
Own Rent (please circle)				
LANDOWNER INFORMATION WHERE ROOSTERS KEPT				
Name: Assessor's Parcel No: Size of Parcel:				
Phone:	E-mail:	Fax:		
City:	State:	Zip Code:		
FOWL INFORMATION				
Total number of all fowl on premises (exclu	iding roosters), including chickens, ducks, ge	ese, guineas, ratites:		
Total number of roosters: Breed(s) of roosters:				
List species of fowl other than chickens:				
COMPLIANCE WITH	VENTURA COUNTY ORDINANCE CODE AND REL	ATED REGULATIONS		
I have received Ordinance Code sections 4494.1	through 4494.5, and regulations and I believe I	comply with the standards therein. Yes No		
If yes, initial each: 40 ft. setback Constant	access to food/water If no, explain below			
Enclosure protects from elements Premis	· 			
Can spread wings & turn No tethering No	provocation of aggression			
	EDUCATIONAL REQUEST FOR PERMIT			
4 H and FFA Applicants complete below				
Teacher/Leader name:	Project Length:			
Chapter/School name:				
Contact address:				
City:	State:	Zip Code:		
Phone:	E-Mail:	Fax:		
HOBBYIST REQUEST FOR PERMIT				
Please describe the operation proposed, attach additional sheets as necessary. Photocopies of documents such as breed association memberships, show entries and results, etc., supporting the request should be submitted.				
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SIGNATURE				
I certify under penalty of perjury under the laws of the state of California, that the statements contained on this application are true and correct.				
Signature of Applicant/ Signature of Applicant's parent or legal guardian required if Applicant is under 18 years of age: Date:				