

106 Main Street  
PO Box 369  
Jackson, SC 29831

TOWN OF JACKSON

Phone 803-471-2228  
Fax 803-471-3909



## Chicken Permit Application

(Please Print)

Permit Application: \_\_\_\_\_ Phone # \_\_\_\_\_

Physical Address: \_\_\_\_\_

Tax ID # \_\_\_\_\_ Zoning Classification: \_\_\_\_\_

Fenced Lot: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Email Address: \_\_\_\_\_

Is this a single Family Dwelling \_\_\_\_\_ YES \_\_\_\_\_ NO

Is this Dwelling a : \_\_\_\_\_ RENTAL UNIT \_\_\_\_\_ OWNER OCCUPIED

Have you notified adjacent property owners/occupants of your intention to harbor hens? \_\_\_\_\_ YES \_\_\_\_\_ NO

Application Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Official Use Only

Application Received \_\_\_\_\_

Date Approved \_\_\_\_\_

Approving Signature \_\_\_\_\_

Notes:

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