



City of Clearwater
605 Cty Rd 75 NW
Clearwater, MN, 55320
Phone: 320-558-2428
www.clearwatercity.com

Permit # _____

Fee: \$10.00

CHICKEN KEEPING PERMIT APPLICATION

Property Owner Name: _____

Address: _____

Phone Number: _____ Email: _____

Applicants Name & Address (if different than owner): _____

Phone Number: _____ Email: _____

By signing this statement, the applicant shall agree that they follow the conditions outlined in City Code Chapter 10, Article III.

Property Owner Signature Date

Applicant's Signature (if different than owner): Date

Please submit completed forms and payments to City Hall:

Email to kgramsey@clearwatercity.com or astrohschein@clearwatercity.com

Mail to PO Box 9, Clearwater, MN 55320 or

In person at 605 Cty Rd 75 NW, Clearwater MN 55320 or drop box in rear parking lot

FOR CITY USE ONLY

Approved: Yes No

Registration Fee Amount: _____ Date Paid: _____

Paid by: Cash Check # _____ Credit/Debit Card