APICULTURE 'BEEKEEPING' ANNUAL PERMIT APPLICATION CITY OF SOMERSWORTH, NEW HAMPSHIRE



Date Received:
Fee Paid:
Case Number:

2) Assessor's Map:Lot:Zoning District:I	Lot Size
3) Property owner:	
Address (Street/City/State/Zip):	
Telephone & Email:	
4) Name of applicant (if different than owner):	
Address (Street/City/State/Zip):	
Telephone & Email:	
5) Will you meet all requirements of the attached ordinance (setbacks, etc)?	Check one) Yes No
6) Bee Hive placement: Please provide a plot plan showing location	
7) How many Bee Hives will be kept on the property?	
8) Will there be commercial sales? (Check one) Yes No	
9) Do you live in a home that is part of a Homeowner's or Condominium (Check one) Yes No	Association or similar association?
9a) If yes, does the Association allow Beekeeping? (Check one) Yes	No
10) Signage (Check one) Yes No The sign shall not exceed one square foot in area.	
I/We hereby apply for a permit for Beekeeping at the subject property and I my/our knowledge, the information provided on this application is accurate acknowledge that I/we will comply with all of the Ordinances of the City of that I/we understand that I/we need to renew this permit annually as long a property.	e and complete. By signing below, I/we f Somersworth. I further acknowledge
Signatures: Applicant/Agent:Date:	
Property Owner (required): Date:_	

(Expires December 31st of each year)

APICULTURE 'BEEKEEPING' ANNUAL PERMIT APPLICATION CITY OF SOMERSWORTH, NEW HAMPSHIRE

FILING PROCEDURES AND FEES

Application shall be filed with the Department of Development Services. A \$10.00 fee for review of the application must be submitted with the application.

OFFICE USE ONLY

	APPROVED
	APPROVED WITH THE FOLLOWING CONDITIONS:
	DENIED
Direc	ctor of Planning and Community Development Signature:
	Date: