



Revised 8/2017

**CITY OF INMAN
FEMALE CHICKEN PERMIT**

fee: \$

Phone: 864-472-6200 x2 / Fax: 864-472-3228 / Email: mshaw@cityofinman.org

Applicant's Information:

Name: _____

Address: _____

Phone: _____ **Email:** _____

Applicant owns and occupies house: _____ **or leases and occupies house** _____

If applicant leases house then owners written permission is required: _____

Identify abutting property owners name & address (written approval must be obtained):

1. _____

2. _____

3. _____

4. _____

Number of female chickens (max of 6): _____ **(roosters not allowed)**

Location approval of fenced enclosure and coop: _____

Fenced enclosure meets requirements: _____ **Coop meets requirements:** _____

Zoning Administrator: Approved _____ **Disapproved** _____

PERMIT MUST BE RENEWED ANNUALLY

Chicken Checklist

PERMIT

1. Annual permit required
2. Permit cannot be approved without written consent of abutting property owners
3. Permittee must occupy the residence
4. Permittee must own the property or have permission of the property owner
5. Only 1 permit is allowed per permittee
6. If permittee is absent for more than 1 month (30 days) the permit is automatically terminated
7. The issuance of the permit does not create a vested legal right of renewal
8. Private restrictions (such as home owners covenants) that prohibit the keeping of animals will void the permit

CHICKENS

1. No more than 6 female chickens are allowed
2. Cannot keep roosters
3. Cannot slaughter chickens on premises
4. Cannot raise chickens for commercial purposes

FENCED ENCLOSURE AND COOP

1. Location must be approved by the City
2. Chickens must be kept in a fenced enclosure at all times
3. Fenced enclosure and coops must:
 1. be properly ventilated
 2. kept clean, dry and odor free
 3. kept in a neat and sanitary condition at all times
 4. maintained in a manner that will not disturb neighbors
 5. constructed to resist rodents, wild birds and predators
 6. cannot be placed in front or side yards
 7. must be at least 50 feet from nearest neighbor's residence
4. Coops shall:
 1. be predator proof
 2. provide a minimum of 2 square feet per chicken
 3. be enclosed on all sides and have a roof and a door
 4. be fully enclosed with a floor and made of washable material
 5. cleaned regularly with droppings disposed in accordance with health regulations
 6. door and window openings must be covered with predator resistance wire of less than 1 inch
5. All stored food must be kept indoors or in a weather and predator resistant container
6. Uneaten food must be removed daily

Note: This list is provided as a courtesy and may not be all inclusive. The applicant is responsible for ensuring that all requirements are met. Please review City of Inman Ordinance 17-06, Animals.

FEMALE CHICKEN PERMIT

ABUTTING NEIGHBOR CONSENT FORM

Your neighbor at _____
in the City of Inman, SC desires to raise chickens at his/her residential property and is applying for a permit to keep chickens. A total six (6) hens is the maximum allowed. If you are an abutting property owner, your consent to this permit is required before the permit will be issued. **Do not sign this form if you are NOT giving consent to the issuance of the permit. By signing this form, you are providing written consent for the issuance of the permit.**

I understand that my approval is required to allow this activity to incur since the property I own is immediately abutting the above listed property.

I verify that I am the abutting property owner. I hereby give my permission for chickens to be kept at this property.

Printed name: _____

My address: _____

My phone number (home): _____ **cell:** _____

My email: _____

Signature: _____

Date: _____

Applicant: A completed Abutting Neighbor Consent Form is required for each property owner whose property lines connect with yours.

Additional information related to the keeping of chickens can be found online at the www.cityofinman.org website. Please review City of Inman Ordinance 17-06, Animals. If you have questions, please call 742-6200 x2.