



"Birthplace of Will Rogers"

225 W. ALTA
P.O. BOX 939
OOLOGAH, OK 74053
(918) 443-2783

CHICKEN PERMIT APPLICATION

LAST

FIRST

MIDDLE

STREET ADDRESS

CITY

STATE

ZIP

HOME PHONE NUMBER

CELL PHONE NUMBER

EMAIL ADDRESS

NUMBER OF FEMALE CHICKENS: _____

I, hereby certify that the above information is true and correct. I understand and agree to abide by the terms and conditions for a Chicken Permit, Town of Oologah Code of Ordinances. I understand that the application/permit fee is nonrefundable. I understand that failure to comply with regulations may result in revocation of the permit and/or subject to criminal penalties prescribed by law. I have also read and initialed the terms of this application.

SIGNATURE OF APPLICANT

DATE

PLEASE READ THE FOLLOWING REQUIREMENTS CAREFULLY AND INITIAL EACH TO SHOW YOU HAVE READ AND UNDERSTAND THE CHICKEN ORDINANCE.

_____ I HAVE READ THE OOLOGAH TOWN CODE SECTION 4-103, 119, 128 AND UNDERSTAND THE REQUIREMENTS FOR KEEPING CHICKENS.

_____ I AM AWARE THAT I FIRST MUST RECEIVE APPROVAL FROM THE TOWN OF OOLOGAH PRIOR TO OBTAINING CHICKENS.

_____ I WILL FOLLOW ALL TOWN ORDINANCES AND STATE LAWS RELATING TO THE CARE AND KEEPING OF ANIMALS.

_____ I AM AWARE THAT I AM RESPONSIBLE FOR KEEPING CHICKENS WITHIN THE CONFINES OF MY PROPERTY AT ALL TIMES.

_____ I AM AWARE THAT A MAXIMUM OF SIX (6) FEMALE CHICKENS SHALL BE ALLOWED UNDER PERMIT.

_____ I GRANT THE RIGHT FOR TOWN STAFF TO INSPECT MY PROPERTY AT ANY TIME TO ENSURE COMPLIANCE AND TO INVESTIGATE COMPLAINTS.

_____ I ACKNOWLEDGE THAT I LIVE IN A SINGLE-FAMILY DWELLING AS PER ZONING CODE AND IF I RENT I HAVE APPROVAL FROM MY LANDLORD.

_____ I AM AWARE THAT I MAY NOT ADD TO THE NUMBER OF CHICKENS LISTON ON THIS APPLICATION WITHOUT FIRST OBTAINING APPROVAL FROM THE TOWN OF OOLOGAH.

_____ I UNDERSTAND THAT THE PERMIT IS NOT TRANSFERRABLE FROM ONE INDIVIDUAL OR LOCATION TO ANOTHER.

_____ I UNDERSTAND THE PRIVATE RESTRICTIONS ON THE USE OF THE PROPERTY SHALL REMAIN ENFORCEABLE AND SHALL SUPERSEDE THE PERMIT. I AFFIRM THAT THERE ARE NO PRIVATE RESTRICTIONS INCLUDING, BUT NOT LIMITED TO, DEED RESTRICTIONS, CONDOMINIUM RESTRICTIONS, NEIGHORHOOD ASSOCIATION BYLAWS, CONVENANTS, AND RESTRICTIONS AND RENTAL AGREEMENTS. A PERMIT ISSUED TO A PERSON WHOSE PROPERTY IS SUBJECT TO PRIVATE RESTRICTIONS THAT PROHIBIT KEEPING OF CHIKENS IS VOID.

_____ I ACKNOWLEDGE THAT I AM AWARE THAT THE ORDINANCE ALLOWING CHICKENS MAY BE AMENDED OR REPEALED AND THAT THE OWNERE ACQUIRES NO VESTED RIGHTS TO HAVE OR RAISE CHEKCNS BY VIRTUE OF THE ISSUANCE OF THE PERMIT.

_____ I UNDERSTAND THAT THE KEEPING AND HANDLING OF CHICKENS MAY CAUSE HEALTH HAZARDS AND THAT ADEQUATE HEALTH PRECAUTIONS ARE THE RESPONSIBILITY OF THE APPLICANT.

OFFICAL USE ONLY- TO BE COMPLETED BY STAFF ONLY

AMOUNT PAID:_____ CHECK #/CASH:_____ RECEIPT #: _____

COMMENTS:_____

APPROVAL _____ DENIED _____

REASON FOR DENIAL:_____

PERMIT NUMBER:_____ ISSUANCE DATE: _____

CODE ENFORCEMENT OFFICER _____ DATE _____

CLERK/DEPUTY CLERK _____ DATE _____