



## BEEKEEPING PERMIT APPLICATION

A beekeeping permit is required before a person can keep, maintain or allow any hive of bees on any land within the City of Thornton as specified in Article III of Chapter 6 of the Thornton City Code.

*Homeowners' associations may have restrictions on beekeeping. Applicants are encouraged to contact their homeowners' association to confirm that beekeeping is an allowed activity.*

**Proposed location of hive(s):** \_\_\_\_\_

### **Applicant**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### **Property Owner** (if different from applicant)

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

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### **Information and Documents Required with Application**

1. Application fee of \$30.00.
2. Site plan (sketch) of the property, including the proposed location(s) of the hive(s) and distances from the side and rear property lines.
3. Receipts or documentation from the U.S. Postal Service or other mail provider demonstrating that notification was mailed to all principal residents of each property immediately adjacent to the property on which the hive(s) will be located of the applicant's intent to keep bees. Properties with shared property lines are considered adjacent. Properties are not considered adjacent when they are located across a street or alleyway.
4. A statement of approval signed by the owner of the property where the bees will be kept, if the applicant is not the owner.
5. A signed statement from the applicant that s/he will comply with the provisions and requirements of Thornton City Code Chapter 6, Article III, pertaining to bees.

## Neighbor Notification

The following immediately adjacent properties have been notified of the applicant's intent to keep bees as demonstrated with receipts or other documentation from a mail provider:

Name	Address

## Property Owner Certification (to be completed if applicant is not the property owner)

*I hereby certify that I am the owner of record of the subject property and that I consent to the granting of a beekeeping permit as herein requested.*

Name (print) \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

## Applicant Certification

*I hereby declare, under penalty of perjury, that this application and all attachments thereto are true, correct, and complete to the best of my knowledge. In submitting the signed application, I acknowledge that it is my responsibility to comply with the terms and conditions of a Beekeeping Permit issued pursuant to Chapter 6, Article III of the Thornton City Code and referenced in the application. I further understand and acknowledge that Chapter 6, Article III of the Thornton City Code grants a right of inspection to animal control officers to enter upon the premises where beekeeping has been permitted to ensure all requirements of Chapter 6, Article III are being met by the permittee, that a beekeeping permit is valid as long as the property owner remains the same, the permit may be revoked if the permittee is convicted of more than one violation of Chapter 6, Article III of the Thornton City Code and beekeeping permits are not transferrable*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date