



Charlotte County Community Development Planning & Zoning Division

18400 Murdock Circle, Port Charlotte, FL 33948-1094

Phone: 941.743.1964 or 941.743.1201 Fax: 941.743.1598

www.CharlotteCountyFL.gov

"Delivering Exceptional Service"

Application for Chicken Keeping (Accessory)

Please allow 5 to 10 business days for processing.

Applicant Name(s): _____

Property Owner Name(s) of Record: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____

Zoning Classification: _____ Property ID Number: _____ Lot Area: _____

Number of Hens to be Kept: _____ Sq. Ft. Per Hen in Henhouse: _____ Henhouse Total Sq. Ft.: _____

Required Attachments Checklist:

Letter of Intent

Covered Enclosure Drawing

Sketch Plan

Wall or Fence Detail Drawing

*** I have received a copy of the Chicken Keeping Ordinance Yes No ***

(Office Use Only Below)

Received by (Staff Initials): _____ Date Received: _____

Application/Case Number: _____



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Affidavit of Applicant & Owner(s)

I, the undersigned, being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner(s) of the property described and which is the subject matter of the proposed application; that all answers to the information in this application, and all sketches, data and other supplementary matters attached to and made a part of the application are honest and true to the best of my knowledge and belief.

I understand this application must be complete and accurate before the application may be accepted.

State of _____, County of _____

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this ____ day of _____ 20____, by _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

Applicant Signature: _____

Notary Signature: _____

Commission Number: _____

State of _____, County of _____

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this ____ day of _____ 20____, by _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

Owner Signature: _____

Notary Signature: _____



Commission Number: _____

CHICKEN KEEPING COURSE

n. The owners of the chicken(s) and any person living in the household who will be responsible for caring for the chicken(s) must take the “Chickens In Your Backyard” course provided by the UF IFAS Extension Office.

[Urban Agriculture \(instructure.com\)](https://instructure.com) –

<https://ifas-charlotte.catalog.instructure.com/courses/66976/enrollment/new>




Chickens In Your Backyard Ordinance Course For Charlotte County

Course Started Dec 9, 2020
Already have an account? [Sign in here](#)

Full Name

Email

I agree to the [Acceptable Use Policy](#) and acknowledge the [Privacy Policy](#).

I'm not a robot  reCAPTCHA
Privacy - Terms

Enroll in Course

[Your Name]
[Street Address]
[City, St Zip]
[Optional – Email Address]

[Date]

Charlotte County Community Development:

[Indicate you are submitting this letter with the intent to be approved for residential chicken keeping. Indicate that the intent is based on the following conditions.]

[Define the specifics regarding the requirements in the ordinance and that successful completion of the UF IFAS “chickens in your back yard” course is required.]

[Considerations – indicate you understand that an application fee is required (with amount)]

[Indicate that you understand that the County can inspect the property for compliance with the requirements.]

[Indicate that you understand this letter is not an acknowledgement of County approval.]

Sincerely (or Respectfully Yours),

[Typed Name]

EXAMPLE ONLY