



# CITY OF LONG BEACH

DEPARTMENT OF PARKS, RECREATION AND MARINE

7700 E. Spring St. Long Beach, CA 90815 (562) 570-7387 FAX (562) 570-3053



ANIMAL CARE SERVICES BUREAU

## URBAN AGRICULTURE PERMIT APPLICATION

Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Driver Lic/ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Wt: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

### PERMIT FEES

CHECK ALL APPLICABLE	TYPE OF PERMIT	DESCRIPTION	FEE	PER
6.20.150	Urban Agriculture Fee for Goats (2)	Permit for residents who choose to own (2) goats. A permit for a single goat is not allowed.	\$240	Annual
6.20.120	Urban Agriculture Fee for Chickens (5-20)	Permit for residents who choose to own more than 4 chickens	\$240	Annual
6.24.010	Urban Agriculture Permit for Bee Hives	Permit for residents who choose to own no more than 4 beehives	\$0	Annual
	Urban Agriculture Permit Inspection	Fee to inspect properties applying for Urban Agriculture Permit, per hour, per officer	\$120	Per hour Inspection

### Address and location where animal(s) or Bee(s) will be kept:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Owner of Property: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Lessee of said Property: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Owner Email: \_\_\_\_\_ Lessee Email: \_\_\_\_\_



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## Types of Animals for which permit is sought:

Quantity

Description (Breed, Age, Sex, Weight, Size/Length)

Quantity	Description (Breed, Age, Sex, Weight, Size/Length)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Describe the housing arrangements for the animals:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Describe the safety precautions to be taken in the care and keep of the animal(s) or Bee(s):

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_



## DECLARATIONS

\_\_\_\_\_  
INITIAL HERE I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT THE CITY OF LONG BEACH ANIMAL CARE SERVICES BUREAU STAFF MAY INSPECT THE PROPERTY TO ENSURE PROPER CARE OF THE ANIMAL(S) OR BEES(S) NAMED IN THE PERMIT. I UNDERSTAND THAT ANY MISSTATEMENTS OR OMISSIONS OF MATERIAL FACT, VIOLATIONS, OR ISSUE OF NON-COMPLIANCE MAY CAUSE DENIAL OR REVOCATION OF THE PERMIT.

\_\_\_\_\_  
INITIAL HERE I UNDERSTAND THAT COMPLETING THE APPLICATION AND PAYMENT OF FEES DOES NOT INDICATE APPROVAL OF THE REQUESTED PERMIT

\_\_\_\_\_  
INITIAL HERE I FURTHER UNDERSTAND THAT ANY INSPECTIONS ARE SUBJECT TO A INSPECTION FEE AS DESCRIBED ABOVE

**DATE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_

**SIGNED:** X \_\_\_\_\_

### FOR ANIMAL CARE SERVICES BUREAU USE ONLY

Animal Permit Approved: By: \_\_\_\_\_

Date: \_\_\_\_\_

Status of Other City Permits: By: \_\_\_\_\_

Inspection Performed: Date: \_\_\_\_\_

Required

By: \_\_\_\_\_

Photos attached:  Date: \_\_\_\_\_

YES  NO

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_