



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.	\$28	Annual
	6.20.120 Urban Agriculture Fee for Chickens (5-20)	Permit for residents who choose to own more than 4 chickens	\$28	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	\$68	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):



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: _____

Date: _____

Inspection Performed: By: _____

Required Date: _____

Photos attached: YES NO

Comments: _____

