



**CARROLLTON**  
T E X A S

**CARROLLTON ANIMAL SERVICES  
CHICKEN PERMIT APPLICATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NEW OR RENEWAL PERMIT: \_\_\_\_\_

**PROPOSED ENCLOSURE:**

LOCATION OF ENCLOSURE ON PROPERTY:

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

*By signing below, I acknowledge that I may keep no more than 6 chickens and that I may not keep any roosters at any time on my property. I also understand that it is my responsibility to know all of the local codes associated with keeping chickens and that I will be responsible for any violations on my property related to keeping chickens. I also understand that citations may be issued for violations related to these codes and that any violation may result in my approved permit being suspended or revoked.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR INTERNAL USE ONLY:**

INSPECTION DATE: \_\_\_\_\_ ASO: \_\_\_\_\_

CHICKEN COOP SIZE COMPLIANT YES/NO: \_\_\_\_\_

IF NO, WHY?: \_\_\_\_\_

WASTE/COMPOST CONTAINER AVAILABLE YES/NO: \_\_\_\_\_

IF NO, WHY?: \_\_\_\_\_

INTERNAL FENCING REQUIREMENTS MET YES/NO: \_\_\_\_\_

IF NO, WHY?: \_\_\_\_\_

PERMIT APPROVED YES/NO \_\_\_\_\_ INITIAL OF INSPECTING ASO: \_\_\_\_\_

FOLLOW-UP INSPECTION SCHEDULED : \_\_\_\_\_