



COMMUNITY DEVELOPMENT  
Planning & Zoning Division

## RESIDENTIAL APIARY PERMIT APPLICATION

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

NAME OF APPLICANT: \_\_\_\_\_

PRIMARY PHONE #: \_\_\_\_\_ SECONDARY PHONE #: \_\_\_\_\_

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

PARCEL ID: \_\_\_\_\_

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

NAME/ADDRESS OF OWNER OF PROPERTY IF OTHER THAN APPLICANT:  
\_\_\_\_\_  
\_\_\_\_\_

**\*Note: If applicant is not the listed owner of property, a letter of permission will be required from owner or property manager.** ATTACHED: \_\_\_\_\_ YES \_\_\_\_\_ NO

THE FOLLOWING MUST BE ATTACHED FOR REVIEW OF AN APPLICATION:

1. A SITE SKETCH OR PLAT INDICATING THE LOCATION OF HIVES, DISTANCES TO THE PROPERTY LINES, FLY ZONE BARRIER (IF REQUIRED), AND LOCATION OF WATER SOURCE/TYPE.

\$50.00 REVIEW FEE PAID \_\_\_\_\_ YES \_\_\_\_\_ NO (**NON-REFUNDABLE**) (ONE TIME FEE)

I, \_\_\_\_\_, APPLICANT, HAVE READ AND UNDERSTAND STAUNTON CITY CODE, 18.156 IN REFERENCE TO RESIDENTIAL APIARIES. BY MAKING THIS APPLICATION, I UNDERSTAND THAT I AM GIVING PERMISSION TO THE ZONING ADMINISTRATOR, OR DESIGNEE, TO MAKE AN INSPECTION OF MY PROPERTY, TO ENSURE COMPLIANCE WITH SETBACK REQUIREMENTS, AND/OR TO INVESTIGATE ANY COMPLAINTS IN REGARDS TO THE APIARY.

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

Applicant Signature Date : \_\_\_\_\_