

City of Port Washington, Wisconsin
Neighbor Notification Form NNF-1
 (Beekeeping)

PLEASE TAKE NOTICE that I, _____ am applying for a license to keep no more than _____ beehives on the property at the address listed below (the "Property"). Pursuant to § 9.24.000, Municipal Code of the City of Port Washington, I am hereby notifying, and requesting the approval of, all owners of property lying within a radius of 200 feet of the Property of my license application and intention to keep beehives.

I have prepared a Site Map (below) showing the proposed location of the beehive(s), all adjoining dwellings, porches, gazebos, decks, swimming pools, stationary play equipment and other habitable areas on adjoining lots, and water source, fences, shrubbery, tree canopies, sidewalks, roads, flyway barriers, and set-back distances from property lines. Unless the owners of property lying within 200 feet of the Property grant written permission for closer placement, all beehives shall be located on the Property in accordance with the minimum set-back requirements of City ordinances.

After submitting this NNF-1 Form, such property owners will receive a copy of this Form by mail, and will have 14 days to file a written objection with the City Clerk. If objection is made by more than 30% of such property owners, or by one such property owner having a resident family member with a demonstrable medical condition relating to bee stings, a hearing will be held by the Common Council within 30 days, to act on the license application. Within 10 days after that hearing, the Common Council's written determination will be mailed to the objector(s) and to the license applicant.









Applicant's name _____ Date _____

Property address _____

Zip code _____ Tele. no. _____ E-mail address _____

Required proof of training/ tutelage in beekeeping skills and current practices provided with this Form? ___ Yes ___ No

SITE MAP*


Water source

Bldgs. noting Doors & Porch

Sidewalk

Fence

Shrubbery

Hive(s) w/Exit

Tree & Canopy

Roads/Alley

*Must show all distances from hive(s) to property lines, dwellings, porches, gazebos, decks, swimming pools, stationary play equipment, etc.

Pursuant to § 9.24.000 of the Municipal Code, by signing my name below I acknowledge that I contacted all owners of property lying within 200 feet of the Property for which a permit has been requested, informed them of my intention to keep beehives on the Property, and asked them to sign this Form to indicate their response to my request. I understand that any false statements or information on this Form shall be grounds for denial or revocation of a beekeeping license.

Applicant's signature _____ Date _____

BY SIGNING BELOW I CERTIFY THAT THE APPLICANT HAS NOTIFIED ME OF HIS/HER REQUEST FOR A BEEKEEPING LICENSE, AND THAT I HAVE READ THIS FORM AND REVIEWED THE ABOVE SITE MAP, INCLUDING PROPOSED BEEHIVE SET-BACK DISTANCES.

Name _____ Date _____ Signature _____

Address _____ Tele. no. _____ E-mail _____

- I approve I object I have a resident family member with a demonstrable medical condition relating to bee stings
 I grant permission for closer placement of beehive(s) than minimum set-backs required by City ordinances, as shown on Site Map

Name _____ Date _____ Signature _____

Address _____ Tele. no. _____ E-mail _____

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[ATTACH ADDITIONAL SHEETS, IF NEEDED]