



City of Mt. Angel

P.O. Box 960 / 5 N. Garfield Street, Mt. Angel, OR 97362
Phone (503) 845-9291 Fax (503) 845-6261

Chicken Registration Form

Registrant Name: _____ **Number of Chickens on Site:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Phone: _____ **Email address:** _____

Property Owner's Name: (if different from above): _____

Address: _____ **City:** _____ **Zip Code:** _____

Phone: _____ **Email address:** _____

The keeping of chickens are subject to the following conditions and are only permitted consistent with the following standards:

1. No more than six (6) adult female chickens (i.e. hens) may be kept on any one lot.
2. Male chickens (i.e. roosters) are not permitted.
3. Chickens shall be housed in an enclosure located in the rear yard not to exceed 120 square feet.
4. The enclosure shall include a minimum of three (3) square feet of coop space, and six (6) square feet of run space, per chicken.
5. Enclosures must be designed to prevent the entry of rodents and predators and must effectively contain and protect the chickens.
6. No enclosure that houses chickens, either temporarily or permanently, shall be located within twenty (20) feet from dwellings on adjacent lots.

I hereby certify that all conditions will be continually met, and that I will abide by all restrictions, administrative rules and applicable City Ordinances. Failure to comply with the above standards as listed in Section § 97.04 of the Mt. Angel Municipal Code is a civil infraction and may result in the assessment of financial penalties.

SIGNATURE _____ **DATE** _____
REGISTRANT

SIGNATURE _____ **DATE** _____
OWNER

If the registrant signing above is not the owner, this application must be accompanied by a letter of consent from the owner. _____

City Use Only Received By: _____ Date received: _____