

CITY OF WAUSAU - 407 GRANT STREET WAUSAU, WI 54403 Telephone: 715-261-6500 Fax: 715-261-6626 APIARY PERMIT APPLICATION

		PLEASE PRINT		
Date of Application:		Anticipated Start	Anticipated Start Date	
Applicant Information:			Apiary Information:	
Name:		Number of Hives:		
Address:		Location of Hive or	Location of Hive or Hives:	
City/State/ZIP:		Address:	Address:	
Telephone #:		City/State/ZIP	City/State/ZIP	
E-mail Address:		Person in Charge	Person in Charge of Apiary:	
Permit Description				<u>Fee</u>
	Preinspection Fee: New Apiary	/		NO CHARGE
	Apiary Permit (one apiary per I	Property)		\$20.00
NOTE:	(The Permit fee is a one time fee)		Total Amount Due	\$20.00
Name of Applicant (s, gazebos, decks, swimming pools, perr location, material and heig [Print] cant	ht. Provide documentation of training	g as a Beekeeper.	
	ımber			
upon the above p which I may be issu	ssued a permit to keep honey bees in property as necessary for the limited ued to ensure compliance with the re existence of the permit, and I do not	purpose of inspecting the apiary of purpose of inspecting the apiary of w.M.C. §8.08.011,	and hives which are the subj , from time to time and for t	ect of any permit the duration of the
		OFFICE USE		
Date letter sent to	property owners within 200 feet o	f center of proposed apiary		
Written Objections	Received (attach)	Written Objection Deadline		
Inspector Signature	e		Date	
Apiary Start Date_			Proof Of Training	
Amount Paid \$	Check #	Account Name:		