

VILLAGE OF STETSONVILLE

TAYLOR COUNTY

105 N. GERSHWIN STREET/ PO BOX 219

STETSONVILLE, WISCONSIN 54480

Phone: 715-678-2191 Email: clerk@villageofstetsonvillewi.gov

APPLICATION FOR THE KEEPING OR MAINTAINING OF CHICKENS
ORDINANCE 250

DATE: _____

PROPERTY OWNER (S)

PHYSICAL ADDRESS

MAILING ADDRESS

HOME PHONE NUMBER

CELL PHONE NUMBER

WORK PHONE NUMBER

NUMBER OF CHICKENS: _____

STATE OF WISCONSIN)

COUNTY OF TAYLOR) ss.

The undersigns being first duly sworn on oath, deposes and say that he/she is the homeowner named in the foregoing application and he/she has read and understands the attached Ordinance #250.

PROPERTY OWNER'S SIGNATURE

DATE

PROPERTY OWNER'S SIGNATURE

DATE

Subscribed and sworn to me this _____ day of _____,
FOR THE PERIOD FROM 1/1/2026 TO 12/31/2026.

Given under my hand and the corporate seal of the Village of Stetsonville.

Tia M. Kancilia, Clerk/Treasurer

Office Use:
Date Received: _____

Attachments: _____ Landlord's Approval (If necessary)
_____ List of Abutting Property Owners

Fee Received: _____ (\$15.00) Receipt #: _____

Signature of Clerk/Treasurer _____ Date: _____

I, _____, certify that I personally notified all abutting property owners listed below of my intent to keep and maintain _____ (Number) of chickens at my property located at _____ in the Village of Stetsonville.

I know the signers are abutting property owners.

I know their respective residences given.

I am aware that falsifying this document will result in revocation of my permit.

PROPERTY OWNER (PRINTED)	SIGNATURE	PROPERTY ADDRESS

SIGNATURE

DATE

PERMIT SHALL BE RENEWED ANNUALLY AND IS VALID FROM JANUARY 1ST TO DECEMBER 31ST.