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

HONE 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.