



**APPLICATION FOR PERMIT TO  
 KEEP LIVESTOCK/FOWL**  
 Ordinance no. 1002

**City of Cawker City**  
 804 Locust  
 Cawker City, KS 67430  
 Phone: 785-781-4713  
 Fax: 785-781-4436  
 E-mail: cawcty@nckcn.com

**Name of Applicant:** \_\_\_\_\_  
 (Owner of Livestock or Fowl)

**Address:** \_\_\_\_\_ **Mailing Address (if different):** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_, 20\_\_\_\_ **Term of Permit:** Jan. 1, 20\_\_\_\_ to Dec. 31, 20\_\_\_\_

**LEGAL DESCRIPTION OF PROPERTY WHERE ANIMAL(S) /LIVESTOCK ARE TO BE HOUSED**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name of owner of record of above property:**

\_\_\_\_\_

**PHYSICAL DESCRIPTION OF PROPERTY WHERE ANIMALS /LIVESTOCK WILL BE KEPT OR HOUSED.**

Include site plan which provides pertinent information concerning the following:

- a. Type and height of fences surrounding said property
- b. Location of proposed or existing buildings on said property
- c. Distances of property described above from existing structures or residences located within 300 ft. of said property.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TYPE & NUMBER OF LIVESTOCK / FOWL TO BE KEPT WITHIN CITY LIMITS ON DESCRIBED PROPERTY**

| Type | # | Type | # | Type | # |
|------|---|------|---|------|---|
|      |   |      |   |      |   |
|      |   |      |   |      |   |

**APPLICATION FOR PERMIT TO KEEP LIVESTOCK/FOWL, continued**  
(Ordinance no. 1002)

**PROPOSED PLAN FOR DEALING WITH ODOR & NOISE PROBLEMS AND, SEWAGE DISPOSAL.**

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If Available, attach information or written comments of neighboring property owners/residents relative to the issuance of this permit.

\$5.00 FEE is ATTACHED?    Yes    No

THE APPLICANT UNDERSTANDS AND AGREES THAT HE/SHE HAS BEEN PROVIDED WITH A COPY OF *ORDINANCE NUMBER 1002* AS ADOPTED BY THE GOVERNING BODY OF THE CITY OF CAWKER CITY, KANSAS, AND THAT HE/SHE HAS READ THE ORDINANCE AND IS FAMILIAR WITH THE PROVISIONS CONTAINED THERIN.

THE APPLICANT FURTHER UNDERSTANDS THAT NO SPECIAL PERMIT WILL BE ISSUED FOR THE KEEPING OF SWINE WITHIN THE CITY LIMITS OF CAWKER CITY, KANSAS.

\_\_\_\_\_

Print Applicant Name

\_\_\_\_\_

Sign Applicant Name

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**RECEIPT OF APPLICATION**  
(For use of city clerk only)

This is to certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the above application was delivered to me at the city clerk's office at Cawker City, Kansas, and that at the time the application was delivered to me, there was attached thereto the following documents.

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City Clerk