

TOWN OF SEVASTOPOL
APPLICATION FOR PERMIT TO KEEP ANIMALS

OWNER INFORMATION

NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER(S) _____ EMAIL _____

CUSTODIAN

IF DIFFERENT THAN OWNER

NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER(S) _____ EMAIL _____

ADDRESS WHERE ANIMALS WILL BE KEPT

IF DIFFERENT THAN ABOVE

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
DESCRIPTION OF PREMISES _____

ANIMAL INFORMATION AND IDENTIFICATION

USE SEPARATE BOX FOR EACH ANIMAL

ANIMAL TYPE _____ NAME _____ BREED _____ AGE _____
SEX _____ COLOR _____ ID NO. (if any) _____ NEUTERED or INTACT _____
HAS THE ANIMAL BEEN VACCINATED FOR RABIES: _____ (if yes, provide copy of rabies vaccination certificate)
DESCRIPTION OF AREA AND CONTAINMENT _____

ANIMAL INFORMATION AND IDENTIFICATION

USE SEPARATE BOX FOR EACH ANIMAL

ANIMAL TYPE _____ NAME _____ BREED _____ AGE _____
SEX _____ COLOR _____ ID NO. (if any) _____ NEUTERED or INTACT _____
HAS THE ANIMAL BEEN VACCINATED FOR RABIES: _____ (if yes, provide copy of rabies vaccination certificate)
DESCRIPTION OF AREA AND CONTAINMENT _____

ANIMAL INFORMATION AND IDENTIFICATION

USE SEPARATE BOX FOR EACH ANIMAL

ANIMAL TYPE _____ NAME _____ BREED _____ AGE _____
SEX _____ COLOR _____ ID NO. (if any) _____ NEUTERED or INTACT _____
HAS THE ANIMAL BEEN VACCINATED FOR RABIES: _____ (if yes, provide copy of rabies vaccination certificate)
DESCRIPTION OF AREA AND CONTAINMENT _____

SIGNATURE OF APPLICANT _____ **DATE:** _____

BY SIGNING THIS APPLICATION, I AGREE TO ADHERE TO THE TERMS AND CONDITIONS OF THE TOWN OF SEVASTOPOL ORDINANCE NO 03-2011, THE KEEPING OF ANIMALS, AND TO COMPLY WITH THE DOOR COUNTY ZONING ORDINANCE. I ALSO AGREE THAT THE ANIMALS IN MY POSSESSION SHALL HAVE ADEQUATE FOOD, WATER AND SHELTER AND THAT THE AREA THEY USE WILL BE KEPT CLEAN, SANITARY AND CONTAINED SO THAT THE ANIMALS CANNOT ESCAPE.

INSPECTION REPORT
FOR OFFICE USE ONLY

INSPECTION COMPLETED BY _____ DATE _____

ADDRESS WHERE ANIMALS ARE TO BE KEPT _____

LOCATION OF PREMISES WHERE ANIMALS ARE TO BE KEPT _____

TYPE OF ANIMALS _____ NUMBER OF ANIMALS _____

	ADEQUATE	DEFICIENT/NEEDS IMPROVEMENT	POOR/NONE
ABILITY OF CUSTODIAN TO CARE FOR THE ANIMALS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FACILITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SHELTER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FOOD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WATER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CLEANLINESS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SANITARY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CONTAINMENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NAMES OF NEIGHBORS CONTACTED _____

COMMENTS/CONCERNS: _____

DETERMINATION

PUBLIC HEARING HELD YES NO (DATE, IF YES _____)

RECOMMENDATION FROM INSPECTOR APPROVE DENY

DETERMINATION BY TOWN BOARD APPROVE DENY

BOARD MEMBERS	AYE	NAY	EXC.
TOM GIRMAN			
JOHN STAVENESS			
CHUCK TICE			
DAN WOELFEL			
LEO ZIPPERER			

CONDITIONS: _____

THIS DETERMINATION IS SUBJECT TO COMPLIANCE WITH THE DOOR COUNTY ZONING ORDINANCE.

Certification:

I, Linda Wait, Clerk of the Town of Sevastopol, hereby certify that the above Determination was made on the ___ day of _____, 2011, by the Sevastopol Town Board of Supervisors and that the Owner/Applicant herein shall be provided with a copy of said Determination within three (3) days from the date hereof.

Linda D. Wait, Clerk, Town of Sevastopol
Door County, Wisconsin