

**CITY OF SOUTH PORTLAND
DEPARTMENT OF PLANNING & DEVELOPMENT
496 OCEAN STREET
P.O. BOX 9422
SOUTH PORTLAND, ME 04116-9422
207-767-7603**

ANNUAL PERMIT TO KEEP BEES

APPLICATION FEE \$25.00 _____

Application #201_____ PERMIT # 201_____

Application Date:_____ Date Permit Issued: _____

BEEKEEPER PERMITTEE:_____ Phone:_____

BEEKEEPER PERMITTEE HOME ADDRESS:_____

TOTAL NUMBER OF HIVES TO BE KEPT IN SOUTH PORTLAND:_____

HIVE LOCATION(S)

#1 - Street Address:_____ Property Owner & Phone:_____

#2 - Street Address:_____ Property Owner & Phone:_____

#3 - Street Address:_____ Property Owner & Phone:_____

#4 - Street Address:_____ Property Owner & Phone:_____

#5 - Street Address:_____ Property Owner & Phone:_____

Include for each hive location a plot plan indicating the size of the lot, # of hives on lot, distance of the hives from boundary lines and description of buffering and flyways attached. _____

State Beekeeper's License provided: yes___ no ___ License expiration date_____

YOUR SIGNATURE ACKNOWLEDGES RECEIPT OF ORDINANCE SECTIONS 3-71 THROUGH 3-93, DETAILING THE PURPOSE, DEFINITIONS AND STANDARDS FOR BEEKEEPING.

Applicant Signature _____
Date

Approved _____
Date

YOUR PERMIT TO KEEP BEES EXPIRES ON: _____.

NOTES: _____