Public Health
Prevent. Promote. Protect.
Grand Forks Public Health

(701) 787-8100
Fax (701) 787-8145
151 South 4th Street, Suite N301
Grand Forks, ND 58201-4735
www.grandforksgov.com/publichealth

APIARY PERMIT APPLICATION

Annual Permit Year: _____

Name: _____

Mailing Address: _____

Phone Number: _____

State License #: _____

Address of hive location(s)	# hives

Have setbacks been met? Yes / No

If no, has a flyaway with the required dimensions been established?
Yes / No

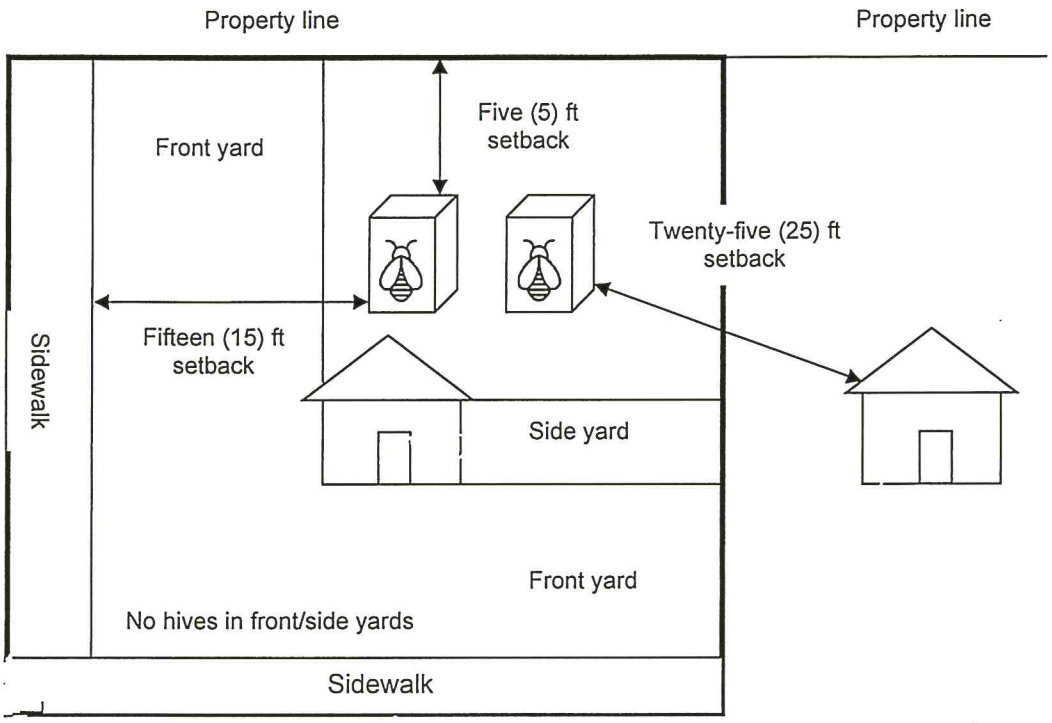
I hereby agree to abide by all requirements in Grand Forks City Ordinance, Chapter 11-0220 for bee keeping.

_____ _____
Applicant's Signature Date

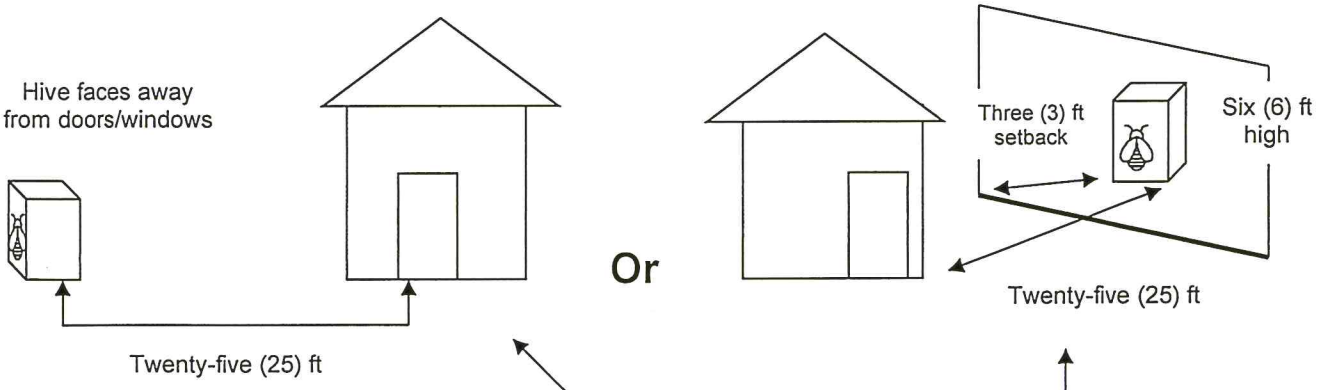
Return completed application to Grand Forks Public Health.

Department Review and Approval:

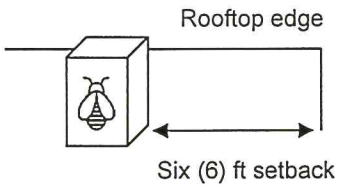
_____ _____
Grand Forks Public Health Date



If located on the ground level within twenty-five (25) feet of a building's doors/windows:



If located on a rooftop:



If located on a rooftop within twenty-five (25) feet of a principal building on any adjacent lot: