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

FOWL KEEPING APPLICATION

Annual Permit Year :_____

Name:_____

Mailing Address: _____

Phone Number:_____

Type and Number of Fowl: _____

Attach consent letter from all properties within the sixty-five (65) feet setback:

I hereby agree to abide by all requirements for keeping fowl within the city limits, as specified in Grand Forks City Ordinance 11-0214, 11-0215, 11-0216, and 11-0217.

_____ _____
Applicant's Signature **Date**

Return completed application to Grand Forks Public Health.

Department Review and Approval:

_____ _____
Grand Forks Public Health **Date**

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Neighbor Approval Form

To Whom It May Concern:

This letter is regarding my neighbor _____ and the fowl they propose to keep. In conjunction with the Grand Forks City Code concerning fowl in the city; I would like to express my approval for my neighbor to raise fowl, as long as the owner continues to follow all city requirements.

Sincerely,

_____ _____

Signature **Date**

_____

Printed Name

_____

Address

_____

Phone Number