

Building Division: 408-615-2440 Email: Building@santaclaraca.gov Permit Center: 408-615-2420

Email: PermitCenter@santaclaraca.gov

Automated Inspection Scheduling System: 408-615-2400

PERMIT APPLICATION FOR THE KEEPING OF CERTAIN ANIMALS

(Santa Clara Municipal Code Chapter 6.15)

	PERMIT NO. I	PERMIT NO. BLD	
I. owne	r/or occupant at		
(Print Full Name)	(Proper	rty Address)	
hereby request permission from the City of Santa Clara, to keep			
 Provide proof of property owner authorizati Provide a site plan showing address, locati The animal(s) will be maintained so as not Each animal will be maintained in a healthy The animal(s) will be kept in an adequate e The animal(s), pens, and/or enclosures will a) Good repair b) Structurally sound, and c) In a sanitary condition at all times 	on and size of coupe on property. to injure or endanger the health and safety of a condition. enclosure at all times.	any person.	
5) There will never be more than		on the property.	
(I	Number of & Type of Animal)		
**NOTE: This office shall be notified of any	changes to quantity and type in order for th	nis permit to remain in effect.	
6) The following listed adult neighbors rethem on my property. (Use the reverse	siding within fifty feet (50') of these animals ha side if additional room is needed.)	ve no objection to my keeping	
Name: (Please Print) Addre	ss: <u>Signature:</u>	<u>Date:</u>	
NOTE: The above affidavit shall be updated Signature (Owner or Occupant) (Email This permit shall be revoked if a complaint to the health, safety, and welfare of any pe	Phone number Output Description: Phone number Description: Phone number Phone number Phone number Phone number Phone number	Date	
Inspection Approval:			
Name	Signature	Date	