

Allotment Application Form for Hens or Rabbits



| Full name | | | | | | |
|---|--------------------------------|----------------------|--------------|--|--|--|
| Allotment Garden Number | Alloti | ment Site | | | | |
| Contact Telephone | | | | | | |
| Number Email address | | | | | | |
| Liliali addiess | | | | | | |
| Please indicate in the box how many individual animals of each Species | | | | | | |
| you would I | ike to keep on your al _ | lotment garden? | | | | |
| Hen(s) | | Cockerel(s) | Rabbit(s) | | | |
| Please note that it is now Town Council policy to restrict the number of animals to a maximum of 12 per tenant as permitted under s22 of the Allotments Act 1922 and s12 of the Allotments Act 1950. | | | | | | |
| ALL Avian Livestock <u>MUST</u> be registered with APHA. <u>This is a legal requirement</u> . If this application is granted, registration can be made at www.gov.co.uk/guidance/register-as-a-keeper-of-less-than-50-poultry-or-other-captive-birds | | | | | | |
| APHA registration numbers should be provided to Skipton Town Council and tags will then be provided for each bird. These must be applied on receipt. The council reserve the right to remove from site any unauthorised or unregistered livestock. | | | | | | |
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| How will the | hens/rabbits be hous | ed? | | | | |
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| If permission has not been sought for erecting the structure for housing please complete a Building Request Form | | | | | | |
| The hens/rabbits must be kept in accordance with current relevant legislation and codes of practice. * Please tick this box to confirm that you have familiarised yourself with current | | | | | | |
| <u>relevant leg</u> | islation on keeping of the pro | posed hens / rabbits | *Please tick | | | |
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| | | | Davi Priskulturi | | |
|--|-------------------------------|------------------|---|--|--|
| It is Town Council policy to ensure the tenants of all adjacent gardens are happy with any proposal. Please ask the tenants of all allotment gardens surrounding yours to sign their name below. | | | | | |
| Signed | Name in capitals | | Garden No. | | |
| Signed | Name in capitals | | Garden No. | | |
| Signed | Name in capitals | | Garden No. | | |
| Signe d | Name in capitals | Officer / | Garden No. Allotment Representative is | | |
| happy w | ith the proposals and ask the | em to sign | below. | | |
| Signed | | Name in capitals | | | |
| If you have any more comments to make please do so below. | | | | | |
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Thank you for your cooperation.