



Application for Keeping Bees Permit

To be used for residents that want to keep bees on their property.

mDuChateau@VillageOfBellevueWI.gov
2828 Allouez Ave., Bellevue, WI 54311 | p. (920) 468-5225

☐ Initial Permit

Application Number: _____

☐ Permit Renewal

Parcel Number: _____

PROPERTY OWNER

Property Owner Name: _____

Mailing Address/City/Zip: _____

Phone: _____ Email: _____

PERMIT REQUIREMENTS

- Owner verifies they will be in compliance with the Restrictive Covenants for their subdivision as recorded with the Brown County Register of Deeds.
- Honey bees (*Apis mellifera*) are the only species permitted.
- The hives shall generally be centrally located on the lot and not in front of the home.
- The hives shall have a visual barrier, not entirely concealing the hive but providing a softening appearance.
- The maximum number of hives permitted on any parcel shall be limited to two (2).
- It is recommended that the hive owner join the Brown County Beekeepers Association for education and guidance purposes.
- Permit Revocation. A permit is subject to revocation by the Animal Control Officer upon failure to comply with any provisions. Such revocation is subject to appeal to the Village Board. Once a permit is revoked, a permit shall not be reissued.
- Non-Renewal. Any violation of this ordinance may be cause for non-renewal of a permit.
- Permit is only valid for the owner of the property as long as they hold ownership of the parcel. This permit is not transferrable to another parcel or a new owner. If not owner of parcel, submit acknowledgement from parcel owner.
- Permit is only valid for a period of one (1) year. Renewal of the permit each year is required.

ACKNOWLEDGEMENT

I agree to the above stipulations stated under PERMIT REQUIREMENTS. ☐ Agree ☐ Disagree

Owner Printed Name _____

Signature _____

Date _____

NOTE: Attach an exhibit to this application showing the location where the hives will be placed, setbacks from property lines and the example of the visual barrier that will be utilized to meet Municipal Code Section 171-11.

OFFICE USE

Inspection Completed By: _____ Date _____

☐ Approved ☐ Denied Reason for Denial: _____

Amount Paid: _____ Date Paid: _____ Receipt #: _____