

City of Collinsville BEEKEEPING PERMIT APPLICATION

Department of Community Development 618.346.5200 ext. 1143

PERMIT NO.:

The approval of this permit in no way guarantees that bees nor required accessory structures are allowed in all subdivisions; it is the applicant's responsibility to ensure local covenants and neighborhood restrictions are reviewed.

	DUONE						
APPLICANT NAME	PHONE						
ADDRESS	LOT SIZE						
NO. OF HIVES REQUESTED:	Other:						
Type of Bee(s):							
Type of Water Source:							
Type of Fencing Material:(if applicable)							
Registered with State? ☐ Yes ☐ No	(Please attach proof of registration to application)						
Owner Occupied? ☐ Yes ☐ No	(If no, please attach written approval of property owner)						
Please provide a detailed drawing below, including: property li sources, and fencing (if applicable) with distance from propert							
Back							
Residence	Residence						
Front							

BEEKEEPING PERMIT APPLICATION	\$50.00
RENEWAL APPLICATION	FREE

CERTIFICATION:

The	undersigned	hereby	certifies	that	he/she	has	read	and	understand	ls Ordina	ance	No.	19-60	related	I to the
Kee	oing of Bees	within th	e City of	Colli	nsville a	and t	hat vi	olatio	ns of the pr	ovisions	of thi	is or	dinance	e may i	result in
fines	s, penalties an	ıd possik	ole revoca	ation (of Beek	eepir	ng Per	mit.	·					·	

SIGNATURE	DATE					
PROPERTY OWNER (IF NOT APPLICANT)	DATE					
For Office Use Only	_					
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☐ Site Plan Complete						
☐ Single-Family Residential Zoning/Land Use Confirmed						
☐ Bees confined to rear yard						
☐ Setbacks meet the requirements of accessory structures						
☐ Type of bee(s) acceptable						
☐ Water source provided, type acceptable, and within 10 feet of apiary						
☐ Number of beehives acceptable						
☐ Height of fencing 6 feet (if applicable)						
☐ Fencing material(s) acceptable (if applicable)						

Date Received:	New Permit:	Permit Renewal:
Permit Approved:	Permit Denied:	Zoning Certificate No.:
Permit Number:	Permit Expiration Date:	
Approved/Denied By:	Date Approved/Denied:	
Inspected By:	Date Inspected:	