



Beekeeping Permit Application

Name of Applicant: _____

- Applicant is a resident of the property (required)
 - Applicant is the owner of the property
 - Applicant has written permission from owner of the parcel (please attach to application)

Phone: _____ **Email:** _____

Name(s) of Property Owner (Printed): _____

Signature of Property Owner(s): _____

Address of Property: _____

Current Zoning: _____

Property Size (in metres²): _____

Number of colonies (hives) to be kept on property: _____

BC Beekeeper ID Number: _____

Please provide the information on how the bees will be kept:

Provide a description, drawing, photo or sketch of the hive(s), including the location in your backyard and how water will be provided.

- I confirm that all of the information above is accurate.
- I am aware that of the District's requirements for backyard beekeeping and understand that my failure to meet these requirements may result in a fine administered by the District, the revoking of my Backyard Beekeeping Permit.
- I am aware that District staff and/or Bylaw Enforcement will inspect my property prior to issuing the beekeeping permit and may conduct inspections as a result of a complaint directed at my property.
- I confirm that I understand the backyard beekeeping requirements, are able to provide sufficient care for and maintain sufficient health of my bees and that I have registered my bees with the Province of BC.

Applicant Signature: _____ **Date:** _____

Submit Application to:

Animal Control & Bylaw Services
 District of Mackenzie
 P.O. Bag 340, 1 Mackenzie Blvd.
 Mackenzie BC, V0J 2C0

Phone: 250-997-3882 and Press 0
 Email: animalcontrol@district.mackenzie.bc.ca

Hours: 8:00 am – 12:00 pm
 12:30 pm – 1:00 pm
 3:00 pm – 4:30 pm

To be completed by the District:

- The applicant has paid the permit application fee of \$25.00
- The property in question has passed District inspection

Inspected by: _____ **Signature:** _____

Date: _____