



DOMESTICATED HEN PERMIT APPLICATION
(PERMIT # \_\_\_\_\_ Receipt # \_\_\_\_\_)

A permit is required to own and keep domesticated hens in certain areas of Davidson County. Please read Section 8.12.020 of the Metropolitan Code. If you have questions about whether you can maintain domesticated hens on your property, contact Finance and Administration at (615) 340-8907. Permits are annual and expire on December 31st each calendar year. They are not transferable to another property or to another person. The annual fee is \$25.

Name of Permit Holder:

\_\_\_\_\_

Applicant address: (must be location where domesticated hens will reside):

\_\_\_\_\_

Phones: H \_\_\_\_\_ C \_\_\_\_\_ Email: \_\_\_\_\_

Do you own this property? [ ] Yes [ ] No If "No," you must have the permission of the property owner.

Do you have permission of the property owner? [ ] Yes [ ] No

Have you attached a picture or drawing of your chicken coop including building materials? [ ] Yes [ ] No

Property Owner contact information for verification (include name, address, phone number and e-mail):

\_\_\_\_\_

Phones: H \_\_\_\_\_ C \_\_\_\_\_ Email: \_\_\_\_\_

(To be entered by MPHD staff) Council District\* \_\_\_\_\_ Maximum No. of hens allowed \_\_\_\_\_

TWO THINGS YOU SHOULD KNOW

- 1) Many Home Owners Association (HOA) bylaws do not allow poultry of any kind, including domesticated hens. Applicants should check their HOA bylaws to confirm that domesticated hens are permissible. This permit does not override exiting Home Owners Association bylaws.

Applicant Certification

I hereby certify that the information submitted is true and correct. In submitting this signed application, I acknowledge and agree that the permit is subject to all the terms and conditions set forth in Section 8.12.020 of the Metropolitan Code and any additional rules and regulations developed by the Metro Public Health Department in furtherance of this Section. I certify that I have read the rules and regulations and intend to abide by them. I understand that any false statements or omissions may result in denial or revocation of this permit. Failure to comply with the regulations is subject to a fine of \$50 per day for each violation.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

METRO ANIMAL CARE AND CONTROL  
2500 Charlotte Ave. Nashville, TN 37209  
PHONE:615-340-8906  
FAX: 615-340-0586

a. The hens are kept on property located within the general services district (GSD); and  
b. The hens are kept on a lot within the AG or AR2a zoning districts, or on a lot of five (5) acres or more in size within the RS80, RS40, RS30, RS20 and R80, R40, R30 and R20 residential zone districts.

#### AFFIDAVIT OF DOMESTICATED HEN PERMIT APPLICANT

I, \_\_\_\_\_ am a citizen of Davidson County and the State of Tennessee, and having been duly sworn, does hereby affirm in good faith the following:

1. I am over the age of 18 years and have direct knowledge of the matters stated herein;
2. The property I will keep domesticated hens on is my primary residence;
3. I either am the owner of this property or have permission from the property owner to maintain domesticated hens on the premises;
4. I have been provided copies of Metro Code Section 8.12.020 and MPHD's Domesticated Hen Permit Rules and Regulations and intend to abide by them;
5. I understand I can be charged up to \$50 *per day* for violations;
6. I understand this permit does not override the bylaws of my Home Owners Association and that it is my duty to make sure domesticated hens are allowed prior to bringing domesticated hens on my property;
7. I live in an area that allows domesticated hens;
8. I understand the annual permit cost is twenty-five dollars (\$25.00) and expires on December 31<sup>st</sup> each year;
9. I understand that my permit is not transferable to another property or to another person;
10. I certify that the information submitted in my application and this affidavit is true and correct and that I understand that any false statements or omissions may result in denial or revocation of my permit; and
11. I will maintain a valid permit issued by the Metro Public Health Department at all times while I have domesticated hens on my property.

FURTHER, AFFIANT SAITH NOT.

\_\_\_\_\_  
Signature of Affiant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

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