URBAN BEEKEEPING APPLICATION FORM

RESIDENTIAL

Beekeeping within the Village of Spring Lake is regulated under the Urban Beekeeping Bylaw #393. Please complete the following form and submit the application, with supporting documents to the Village of Spring Lake located at 990 Bauer Ave or via email at villageoffice@springlakealberta.com.

1. APPLICANT CONTACT INFORMATION

Name: _____

Address: _____

Email Address:_____

Phone:_____

2. PROPERTY OWNER CONSENT

(a) Are you the registered owner of the property? Yes _____ No _____

(b) If the beehive(s) will be located on property not owned by the applicant, written permission from the property owner shall be provided. Please provide contact information for the property owner

Name: _____

Address: _____

Email Address: _____

Phone: _____

3. BEEHIVE LOCATION INFORMATION

(a) Does the property abut a pathway/public open space? Yes _____ No _____

(b) Is the rear yard fully fenced? Yes _____ No _____

(c) Is the fencing 6m or higher? Yes _____ No _____

4. Hive Drawing Plans & Location

Plot Plan for: _____ (Street Address)

Please provide a drawing of the property (plot plan) indicating the location of the house, any accessory buildings, fence and include setback backs for hives from property lines.

The information on this form is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act solely for the purpose of participation in the Urban Beekeeping bylaw. Questions about the collection of this information can be directed to the Village of Spring Lake at (780) 963-4211.

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Hive Information: *Number of bees requested* _____

Hive Size: _____

Please provide a description/photo of intended hive, including size of hive and describe intended location within your rear yard. Please refer to the "Urban Beekeeping Bylaw #393".

Picture of Coop & run attached Y / N.

5. TRAINING REQUIREMENT (Training must be completed before hive(s) are moved onto the property)

Have you completed a beekeeper course? Yes _____ No _____

If yes, please attach a copy of the course certificate and provide the following information

Session Location: _____

Session Date: _____

Certification Number: _____

6. MENTORSHIP REQUIREMENT

Will this be the first time that you have kept bees in an urban setting? Yes _____ No _____

If yes, please provide information on your mentor or that you have made contact with a local beekeeping association for mentorship.

Name of Mentor or Beekeeping Association: _____

Phone Number: _____ Email: _____

Mentor's Experience: Explain how long have they been keeping bees?

_____

_____

7. Premises Identification Program (PID)

Once the applicant has met all the requirements pertaining to the lots size, coop setbacks, they may apply for a Premises Identification Program from Alberta Agricultural & Forestry (PID) application. Failure to provide the PID number to Bylaw Services could result in revocation of the license.

PID Number: _____

8. TERMS AND CONDITIONS (Please acknowledge and confirm that you are in agreement with the terms and conditions by checking each box)

- I have read and agree to comply with the Village of Spring Lake Urban Beekeeping Bylaw #393.
- I have provided notification to all adjoining neighbours to install hive(s) in my rear yard. If the property abuts a municipal park or open space, then written permission is not required.

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- I understand that the Village of Spring Lake may refuse to issue or renew a Beekeeping Licence due to the submission of false information, incomplete licence application, known offense involving abuse, mistreatment, or negligent treatment of keeping of animals, or non-compliance with municipal and provincial legislation.
- I understand that failure to abide by all requirements of the Spring Lake Urban Bee keeping Bylaw and other applicable legislation may result in the Urban Bee Keeping Licence being revoked.
- I understand that a licence fee of $40 must be paid annually.
- I am aware that any instances of swarms, disease or any situation not in keeping with the requirements must be brought to the attention of the Village of Spring Lake.

I certify that the information is correct to the best of my knowledge:

Applicant's Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____

Please check box to confirm

I am aware that if my bees cause a problem to my neighbours (as described in the Urban Beekeeping Bylaw) that I will be notified by the Village and will endeavor to ensure there is minimal impact with the keeping of my bees and meet the backyard bee guidelines to prevent nuisances. ☐

I am aware that a Parkland County Bylaw Officer and/or Development Officer may attend my property at least once in this time period to observe my backyard hen operation in order to obtain further information on keeping of bees. ☐

Bee Owners Signature: _____ Date: _____

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