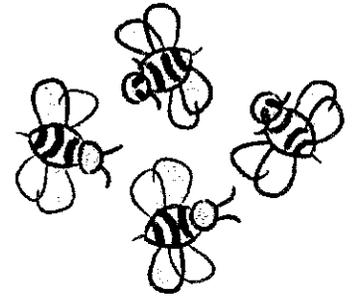




City of Gold Beach
 29592 Ellensburg Avenue
 Gold Beach, Oregon 97444
 541-247-7029



BACKYARD BEEHIVE REGISTRATION

Name of Applicant: _____

Property Address: _____

Property Owner or Renter (circle one): **OWNER** **RENTER**

Mailing Address (if different than property address): _____

Phone

#: _____ **Email:** _____

A completed land use Permit Clearance Form must be submitted with this application.

Keeping of bees is a permitted use in the Residential zones subject to compliance with the following standards (Ordinance No. 655):

1. Registration with the City is required to keep beehives within the city limits and the City Administrator shall provide a beekeeping registration process.
2. No more than three (3) bee colonies shall be kept or maintained on properties of less than one acre.
3. No more than five (5) bee colonies shall be kept or maintained on properties of one acre or greater.
4. Bee colonies shall be kept in hives with removable frames, which shall be kept in sound and usable condition.
5. For each colony permitted to be maintained under this ordinance, there may also be maintained upon the same property, one nucleus colony in a hive structure not to exceed one standard 9-5/8 inch depth 10-frame hive body.
6. In each instance where a colony is kept less than twenty five (25) feet from a property line, a flyway barrier at least six (6) feet in height shall be maintained parallel to the property line for a minimum of ten (10) feet in either direction from the hive. The flyway barrier may consist of a wall, fence, dense vegetation or a combination thereof, such that bees will fly over rather than through the material to reach the colony.
7. A constant supply of fresh water shall be provided for the colonies on site within fifteen (15) feet of each hive.
8. Each beekeeper shall ensure that no wax comb or other material that might encourage robbing by other bees are left upon the grounds of the property. Such materials once removed from the site shall be handled and stored in sealed containers or placed with a building or other insect proof container.
9. If the beekeeper serves the community by removing a swarm or swarms of honey bees from locations where they are not desired, the beekeeper shall be permitted to temporarily house the swarm on the property for no more than 60 days from the date acquired. If the beekeeper is not at hive capacity shall be permitted to keep the hive permanently.

- 10. Africanized bees are prohibited.
- 11. The sale of surplus honey or bee's wax produced on site shall be permitted on the property where the keeping of bees is permitted provided the property owner meets the general Home Occupation standards in Section 3.050.

Applicant acknowledges that upon issuance of any permit by the City of Gold Beach that it is the obligation of the applicant to comply with any and all laws, ordinances and regulations governing the type of project permitted whether or not specified in the permit. The granting of an approval by the City of Gold Beach does not give the applicant any authority to violate or modify the provisions of any other federal, State or local law, ordinance or regulation with respect to regulation of construction, performance of construction and/or operation of the project.

Regarding property boundaries, the applicant acknowledges that the only accurate way to locate property lines is by a land survey conducted by a licensed professional. The City of Gold Beach makes no representation as to the accuracy or location of any boundaries related to the project and the applicant, by virtue of issuance of a permit by the City of Gold Beach, and agrees to hold harmless, defend and indemnify the City in any legal action related to property lines or boundaries.

I have read and understand the above application and I hereby certify that all conditions will be continually met, and that I will abide by all restrictions, administrative rules and applicable City Codes and Ordinances.

Applicant Signature: _____ **Date:** _____

Property Owner Signature: _____ **Date:** _____

**** PERMIT REVOCATION**** Failure to comply with the above statement will result in the revocation of the permit and possible enforcement action including fines.

FINAL PERMIT APPROVAL

APPROVED: _____ DATE: _____

Conditions of Approval:

DENIED: _____ DATE: _____

Reason for Denial:



City of Gold Beach
 29592 Ellensburg Avenue
 Gold Beach, OR 97444
 Tel: 541-247-7029/Fax: 541-247-2212

PLANNING CLEARANCE WORKSHEET

PLANNING CLEARANCE FEE \$100.00

APPLICANT shall provide the following information: (Please Print)

1. _____
 Job Address or Name of MHP _____ Map/Tax Lot _____

2. _____
 Name of Property Owner _____ Mailing Address _____ Phone Number _____

3. Proposed Improvement: _____

Existing Development: _____

4. Utility Services: Coos Curry Electric City of Gold Beach/Water Gold Beach Fire Dept.
 City of Gold Beach/Sewer Wedderburn Sanitary District

Signature/Comment of Utility Provider: _____

5. **Plot Plan/Erosion Control Plan:** An accurate plot plan and/or Erosion control plan is required for processing of this permit clearance. Please draw an accurate plot plan on the reverse side of this application and provide an Erosion Control Plan for soil disturbance exceeding 800 square feet. Please include any stream or creek located on the property on your plot plan or erosion control plan.

6. By my signature, I certify that I am the owner, or have the owner's consent to apply for a permit on the above referenced property and by my signature I also certify that the information provided by me is correct and hereby grant the staff of the City of Gold Beach permission to enter this property for purposes of this application.

Applicant Signature: _____

This form is intended for City Staff use in processing development permits and does NOT constitute a permit. Approval of this form authorizes only what is applied for at the time it is filed.

OFFICE USE ONLY

Zoning: _____ Property Line Setbacks: Front Back Side Height

Building Permit Erosion Control Plan Sign Permit Other

Special Requirements or Considerations

100 year Flood Plan Firm or Floodway Panel # Area of Geologic Hazard OPRD Approval

Wetland or potential wetland as identified by Wetland Inventory Maps # _____

Approval/Date: _____

City Planning Staff Reviewer _____ Date _____

Comments: _____

