

1. CONTROLLED LIVESTOCK GRAZING PERMIT APPLICATION

This permit application should be completed by the Controlled Livestock Grazing Contractor, or owner of the animals that will be providing the service. The permit is valid for one calendar year. All requirements of the Controlled Livestock Grazing Program must be followed at all times while providing services within the City of Dubuque.

Controlled Livestock Grazing Contractor Contact Information:

Business Name: _____ Business Owners: _____

Business Address: _____

Primary Phone: _____ Additional Phone: _____ Email: _____

The following items must be submitted to the City Clerk’s Office before the permit will be issued:

___ \$300 permit fee

___ Surety Bond in the amount of \$5,000

In addition to this permit application, the Contractor must complete a Property Contact Information Notice each time he/she services a new address within city limits, at least 48 hours prior to beginning service. Please complete the Property Contact Information Notice found on page two (2). Return the completed form and a site plan of the property where goats will be located to Pam McCarron at pmccarro@cityofdubuque.org or by mail to the City Clerk’s Office.

I hereby agree to abide by the laws and the rules and regulations of the Controlled Livestock Grazing Program, and all other City of Dubuque regulations.

Signature of Contractor (electronic)

Date

For internal use only:

Notification:

- Cori Burbach, Assistant City Manager
- Maureen Quann, Assistant City Attorney
- Mary Rose Corrigan, Public Health Specialist
- Guy Hemmenway, Assistant Planner
- Kevin Firnstahl, City Clerk

Applicant(s) meets requirements set forth in the Controlled Livestock Grazing Program, and therefore is issued a Controlled Livestock Grazing Permit which is valid from _____ to _____.

Staff approval: _____ (Pam McCarron, City Clerk’s Office)

2. PROPERTY CONTACT INFORMATION NOTICE

Controlled Livestock Grazing Contractor Contact Information:

Name: _____ Phone: _____ Additional Phone: _____

Address: _____

City of Dubuque Controlled Livestock Grazing Permit Expiration Date: _____

Property Owner Contact Information:

Name: _____

Home Address: _____ City/State: _____ Zip: _____

Home Phone: _____

Address of Property to be Managed via Controlled Grazing, if Different than Address Above:

NUMBER AND TYPES OF ANIMALS TO BE KEPT AT THE PROPERTY:

Number	Type	Number	Type

Dates controlled livestock grazing will take place on identified property: _____ to _____.

Please submit a basic site plan of the property, indicating where fence will be placed and animals will be kept. (map link)

I hereby agree to abide by the laws and the rules and regulations of the Controlled Livestock Grazing Program, and all other City of Dubuque regulations.

Signature of Contractor (electronic)

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