Chicken Coop Renewal

Name (print) _____

Address_____ Phone # _____

Date: _____

I agree to abide by the condition outlined in chapter 12 of the Fargo Municipal Code as stated in the original agreement. _____
(signature)

Are there any changes to your chicken coop from the prior year?
No_____ or Yes_____ please describe the change _____
_____

No inspection is required for the renewal of this license unless problems or concerns arise.

Please return this form along with a $10.00 renewal fee, by mail or email.
Payment can be made over the phone with a credit/debit card.

PO Box 2471, Fargo, ND 58108
MVanyo@FargoND.gov