



CHICKEN COOP PERMIT APPLICATION

City of Fargo – Auditor’s Office

Application Fee: \$10.00

PROPERTY & OWNER INFORMATION

Owner Name: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Owner Email: _____

APPLICANT ACKNOWLEDGMENT

Please read each statement and initial where indicated.

I have read and understand the conditions under which I may keep chickens as outlined in Chapter 12 of the Fargo Municipal Code:

- No more than **six (6)** chickens may be kept.
- **Roosters are prohibited.**
- No slaughtering or breeding is allowed within city limits.
- Chickens must be **confined at all times** in a coop and run unless under direct supervision.
- Coops must be secure, weather-protected structures made of wood or similar materials.
- Coops must either be:
 - Elevated at least 24 inches above ground, **OR**
 - Constructed with rodent-resistant flooring, foundation, and footings.
- Premises must be kept in **healthy, sanitary, and non-noxious** condition.
- Coops may **not** be located in any part of a home or attached garage.
- Coop size must be **4–10 sq ft per chicken**, max height **6 ft.**
- Coops may be located inside a detached garage or shed if physically separated from non-chicken spaces.
- Coops and Runs

- Runs must be enclosed with wood or woven wire.
 - May not be in the front yard
 - Must maintain a **3-ft setback** from adjacent properties
 - Attached fenced runs must allow **10–20 sq ft per chicken** and fencing may not exceed **6 ft** in height
- Chicken coops will be inspected by a Community Service Officer.
- Applicant must provide a **scaled site diagram** showing coop/run location, size, and distances to structures and property lines.

Applicant Initials: _____

SITE DIAGRAM ATTACHMENT

Attach a scaled diagram indicating:

- Location of coop and run
- Approximate dimensions
- Distance from neighboring structures
- Distance from property lines

Diagram Attached: Yes No

Call Fargo Police Community Service Office to schedule your inspection. 701-241-8284

Owner/Applicant Signature:

_____ **Date:** ____ / ____ / _____

OFFICE USE ONLY

Approved: Yes No

Total Due: \$10.00

Authorized Signature: _____

Date Paid: ____ / ____ / _____

License Expiration Date: ____ / ____ / _____

Return Completed Application To:

City of Fargo Auditor’s Office

PO Box 2471

Fargo, ND 58108

Email: Mvanyo@fargond.gov

Questions? Call: 701-241-1304