

CITY OF WYOMING
800 OAK AVENUE
WYOMING, OH 45215
Phone: (513) 821-7600
www.wyomingohio.gov

APPLICATION FOR APIARY REGISTRATION (BEEKEEPING)

Date Received:
(Office Use)

This is application is provided in accordance with Section 505.18 (Bees) of the Wyoming Municipal Code

1. APPLICANT INFORMATION

First Name		Last Name	
Address of Proposed Apiary			
Is this property principally used as a single family residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the applicant/owner of the hives reside at the above address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant provided Proof of Registration with the Ohio Department of Agriculture? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Per Section 505.18 (b) of the Wyoming Municipal Code and Chapter 909 of the Ohio Revised Code)</i>			
Telephone Number(s):	Home	Work	Cell
E-mail Address:			

2. APIARY INFORMATION

Square footage of lot on which bees are kept: _____ <i>(Minimum Lot Size: 14,000 square feet)</i>	Number of Hives: _____ <i>(Maximum of 2 established hives)</i>
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The following conditions apply in order for a certificate of permit to be provided to the applicant by the City of Wyoming:
(Please check off of all conditions to demonstrate your understanding and acceptance of these requirements)

- Hives must be placed in the rear yard of the property.
- Hives must not be closer than 30 feet from a street or sidewalk.
- Hives must be at least 25 feet away from neighboring properties.
- A fresh water source must be maintained within fifteen (15) feet of hives.
- Colonies must be maintained in readily movable frame hives.
- Each hive must readily display the Apiary ID # from the Ohio Department of Agriculture on at least the base and box.
- Adequate space must be maintained in the hive to prevent overcrowding and swarming.
- Colonies must be requeened following any swarming or aggressive behavior or seized and destroyed without remuneration.

Please attach a scaled site plan showing the following information:

- The boundaries of the subject property and the boundaries of all properties adjacent and across the street the subject property.
- Location of all existing structures on the subject property.
- Location of proposed hive(s) on the subject property, including distance to nearest property boundaries.
- Location of fresh water source and distance from proposed hive(s)

I hereby certify that the proposed apiary is authorized by the property owner of record and that, if not the property owner, I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of the City of Wyoming and State of Ohio.

Signature of applicant X

Printed name of applicant X

Application Date:

3. VALIDATION

Date issued: _____	Approved by: Lynn Tetley City Manager	Rusty Herzog Police Chief
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