

**July 2024- June 2025**  
**FAIR LAWN HEALTH DEPARTMENT**  
**Properties Keeping Fowl/Chickens**

Name of Owner: \_\_\_\_\_

Address Where Fowl/Chickens are Kept: \_\_\_\_\_

How many fowl/birds are kept at the address above? \_\_\_\_\_

Do you have any roosters: Yes No If yes, how many? \_\_\_\_\_

What are the dimensions of the coop(s)? \_\_\_\_\_

What are the dimensions of the coop runs? \_\_\_\_\_

Owner's Contact Information:

Email Address: \_\_\_\_\_

Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

Other Phone #s: (\_\_\_\_\_) \_\_\_\_\_

Please provide a property survey with the placement of the coop and coop runs. Indicate on the survey the distance between the coop/coop run and the property line. Distance must be at least 10 feet.

All applicants must return the following with completed/signed application:

1. Property survey with placement of coops/runs. (Note: You do not need to submit if you submitted a survey in a prior year and the coop/run is located in the same place as prior years.)
2. Appropriate fee as stated below.

Annual License Fee: \$ 15.00 Special Privilege Renewal License for Roosters: \$15/rooster (maximum of 2 roosters)

To qualify for Special Privilege License for a rooster, the owner must have obtained a Special Privilege license in 2022.

Total amount of fees due: \$\_\_\_\_\_

I hereby certify that this licensed facility will be kept in proper sanitary manner, according to Borough Ordinance 2632-2022 requirements (Boro Code Chapter 62-31 et seq). By signing, I understand that an inspection of the areas where the fowl (chickens & roosters) are kept, will be conducted by the Health Dept during the license year. This license expires on June 30, 2025 & must be renewed annually in June.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Please make check payable to the *Borough of Fair Lawn* and mail to:  
Fair Lawn Health Department  
8-01 Fair Lawn Avenue  
Fair Lawn, New Jersey 07410

\*\*\*\*\* (Do not write below this line) \*\*\*\*\*

Date of application received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Health Officer Approval: \_\_\_\_\_

Fee Paid: \$\_\_\_\_\_ Licenses #'s: \_\_\_\_\_