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|---|
| <b>Name of Owner</b>                      |
| <b>Address of Owner</b>                   |
| <b>Address where animals will be kept</b> |
| <b>Phone Number</b>                       |

**NUMBER AND TYPES OF ANIMALS**

List each type and number of animals that will be maintained: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INDICATE THE NATURE OF THE VARIANCE REQUEST**

More than the permitted number of animals: Specify \_\_\_\_\_

Less than the required area for maintaining livestock: Specify size of area \_\_\_\_\_

Exception to distance requirement for domestic animal structure of secure enclosure: Specify distance \_\_\_\_\_

Other: Specify \_\_\_\_\_

**CONDITIONS**

Does the property where the animals will be maintained meet all City business licensing and zoning requirements? Yes  No

Are all animals licensed and vaccinated as required by Chapter 6.04 of the City Code? Yes  No

Are all animals spayed or neutered as required by Chapter 6.04 of the City Code? Yes  No

Do you intend to breed or sell animals? Yes  No

Have you had a license revoked or suspended by the Kansas Animal Health Department within the last 18 months? Yes  No

Have you had a City of Wichita Breeder's License revoked or suspended within the last 18 months? Yes  No

Have you had a City of Wichita Animal Maintenance Permit revoked or suspended within the last 18 months? Yes  No

Please check any that apply:

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Cattery              | <input type="checkbox"/> Breeding operation | <input type="checkbox"/> Animal Rescue (Circle: Dog or Cat) |
| <input type="checkbox"/> Doggy Day Care       | <input type="checkbox"/> Boarding Kennel    |   |
| <input type="checkbox"/> Other: Specify _____ |   |   |

**OWNER ACKNOWLEDGEMENT**

I agree to comply with all requirements of Chapter 6.04 of The City Code of Wichita, with all City business licensing requirements, and with all requirements of The Unified Zoning Code of Wichita-Sedgwick County. I understand that violating any such codes and ordinances may result in the Animal Maintenance Permit and Variance being revoked and may result in legal action being taken against me. I certify that all of the information included on the Animal Maintenance Permit form and on this Variance Request form is true and accurate to the best of my knowledge. In addition to other Animal Maintenance Permit fees and applicable licensing fees, I agree to pay an initial inspection fee of \$50.00 for this variance request. I understand the fee is non-refundable if the request for variance is denied. If approved there will be no additional fees for subsequent renewals of this variance. This variance expires one year from the date of issuance.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_