

# REQUEST FOR VARIANCE OF DOMESTIC ANIMAL MAINTENANCE PERMIT REQUIREMENTS

One time \$50.00 Variance Inspection Fee for Facilities

<b>OFFICE OF ENVIRONMENTAL HEALTH</b> 1900 East 9 <sup>th</sup> Street Wichita, Kansas 67214 Phone: 268-8351 Fax: 268-8390 <a href="http://www.wichita.gov">www.wichita.gov</a>	Name of Owner
	Address of Owner
	Address where animals will be kept
	Phone Number

## 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 Dept. of Animal Health or a City breeder's license or a city animal maintenance permit revoked within the last 18 months?

- Yes
- No

Please check any that apply:

- Cattery
- Breeding operation
- Animal Rescue (Circle: Dog or Cat)
- Doggy Day Care
- Boarding Kennel
- 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 \_\_\_\_\_

The variance requested is approved, subject to the statements and conditions contained above and subject to the attached Animal Maintenance Permit application and subject to any of the following additional requirements and/or restrictions listed and/or attached:

Signature of Health Officer or Official Representative \_\_\_\_\_ Date \_\_\_\_\_