



URBAN BEEKEEPING LICENCE NEIGHBOUR CONSENT

Please fill out this form and return it to the applicant by _____

Date

I, _____

Name of Applicant

of _____

Address

will be applying to the City of St. Albert to keep bee hives in my rear yard. As part of the application process, I must have written permission from all Adjoining Neighbours to install hive(s) on my property. The number of hives I am permitted is _____ hives. Bylaw 34/2017 regulates the keeping of bees in urban areas. To review the Bylaw please visit the City Webpage: <https://stalbert.ca/cosa/bylaws/>.

NEIGHBOUR TO COMPLETE THE FOLLOWING SECTION

Neighbour's Name: _____ **Phone Number:** _____

Address: _____

Are you the Registered Owner? Yes No

I understand my neighbour is applying to have bee hives in their rear yard.

I do not give permission to keep bee hives.

I give permission to keep bee hives.

Comments: _____

Signature: _____ **Date:** _____

Disclaimer: The City of St. Albert may follow up with this form. Personal information on this form is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act for the purpose of issuing a Hen Licence. If you have any questions about the collection, use, and protection of this information, please contact the Planning and Development Department at 780-459-1642.