



2018 CAMBRIDGE BEEKEEPING PERMIT APPLICATION

Application Date: ____/____/____

Applicant/Beekeeper Full Legal Name: _____
(First) (Middle) (Last)

Street Address and Phone:

(Address Line 1)

(Address Line 2)

(City) (State) (Zip) (_____) ____ - ____
(Phone - Check One: Home Cell)

Emergency Contact # (if different from home/cell): (_____) ____ - ____

Applicant/Beekeeper Email Address: _____

Location of the property where bees will be kept (if different from address above):

(Address Line 1)

(Address Line 2)

(City) (State) (Zip)

Applicant/Beekeeper is a (choose one):

- Home/Condo Owner
- Renter
- Business/Other: Specify Business/Other Name: _____

Applicant/Beekeeper (choose one):

- Will be the individual taking care of the beehive(s)
- Has hired a business/individual to take care of the beehive(s)

Name(s) of the business/individual: _____

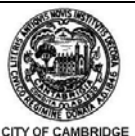
Business/Individual's Street Address and Phone:

(Address Line 1)

(Address Line 2)

(City) (State) (Zip) (_____) ____ - ____
(Phone - Check One: Business Cell)

Business/Individual's Email Address: _____





TO BE FILLED OUT BY THE PROPERTY OWNER(S)

This property is owned by (check one of the following)	Print name(s) of Property Owner(s) or legal designees (as indicated) in appropriate box below.	Property owner(s) must provide consent for the applicant to keep beehive(s) on their property. By providing a signature(s) below, property owner(s) consent to allow up to 2 permitted beehives on their property.
<input type="checkbox"/> An individual	Property Owner Name:	Signature:
<input type="checkbox"/> More than one individual, or a partnership	Property Owners' Names:	Signature(s):
<input type="checkbox"/> A corporation or LLC	Officer(s) Authorized by the Corporation Name(s):	Signature(s):
<input type="checkbox"/> A trust	Authorized Trustee Name:	Signature:

If the property is owned by a corporation, partnership, trust, or other combination of individuals, please attach name(s) and contact information for all owners, officers or trustees. Attach additional sheets of paper as needed.

Property Owner's Full Legal Name: _____
(First) (Middle) (Last)

Property Owner's Home Street Address and Phone:

(Address Line 1)

(Address Line 2)

(City) (State) (Zip) (_____) ____ - ____
(Phone - Check One: Home Cell)

Property Owner's Emergency Contact # (if different from home/cell): (_____) ____ - ____

Property Owner's Email Address: _____





TO BE FILLED OUT BY THE BEEKEEPER
NOTE RELEVANT SECTIONS OF THE REGULATION IN PARENTHESIS

Please provide a narrative description of the beehive(s)' construction, including measures taken to exclude pests (e.g. mouse guard). Attach additional sheets of paper as needed (see regulation Section 8.e.).

Please provide a detailed site sketch (to scale). The sketch may be hand-drawn or electronic, but must depict the following elements:

- Number of beehives (limit is 2 per regulation Section 5.a.i.)
- Proposed location of each beehive (see regulation Section 5.c.)
- Dimensions (length, width, height) of each beehive in inches (see regulation Section 8.b.i.)
- Clearly marked entrance/exit on beehive(s) (see regulation Section 8.c.)
- The height in inches the beehive(s) are off the ground (must be at least 5 inches off the ground). Note that beehive(s) located on a porch, balcony, or rooftop must be set back at least 6 feet from the parapet, or closer if a protective barrier is present (see regulation Section 5.a.ii.)
- Location and relative dimensions of other structures or landscaping on the lot (e.g., fences, shrubs, porches/decks, balconies, etc.) (see regulation Section 8.c.)
- Location and dimensions of beehive(s) flyway barrier, if applicable (see regulation Sections 5.b. and 8.c.)
- Beehive(s) structure design, including flight area and beehive(s) flyway (see regulation Section 8.c.)
- Location of water source (see regulation Section 5.a.ii.)





Cambridge
Public Health
Department

I AGREE TO NOTIFY THE CAMBRIDGE PUBLIC HEALTH DEPARTMENT OF ANY CHANGE OF NAME, ADDRESS, OR OWNERSHIP. I HAVE RECEIVED, READ AND AGREE TO ABIDE BY THE CAMBRIDGE PUBLIC HEALTH DEPARTMENT REGULATION FOR THE KEEPING OF HONEY BEES. **I GUARANTEE NOT TO ABANDON ANY PERMITTED BEEHIVE. IF NECESSARY, I WILL ARRANGE FOR TRANSFER OF OWNERSHIP OF PERMITTED BEEHIVE(S) TO ANOTHER BEEKEEPER OR SANCTUARY IF I MOVE OR CAN NO LONGER KEEP MY BEES FOR ANY REASON.**

I CERTIFY UNDER THE PENALTIES OF PERJURY THAT ALL INFORMATION CONTAINED IN THE APPLICATION IS TRUE AND CORRECT. ANY MISSTATEMENTS IN THIS APPLICATION ARE GROUNDS FOR REFUSING TO ISSUE OR FOR REVOCATION OF ANY LICENSE OR PERMIT ISSUED.

Signature of Applicant/Beekeeper Date

Signature of Beekeeper if different from Applicant Date

Send completed application and check or money order made payable to the Cambridge Public Health Commission for \$50.00 to:

**Kari Sasportas, MSW, MPH, REHS/RS
Cambridge Public Health Department
119 Windsor Street, Ground Level
Cambridge, MA 02139**

Please contact Kari Sasportas at ksasportas@challiance.org or (617) 665-3848 if you have questions.

After the Cambridge Public Health Department (CPHD) receives a completed application packet, we will begin the review process. Per Section 11 of the Cambridge Public Health Department Regulation for the Keeping of Honey Bees, the Department will mail written notification of a public hearing date via certified letter to the permit applicant, the property owner where the beehive(s) will be located (if the property owner is not the applicant), abutting property owners, and the permit applicant's immediate neighbors (if the beehive(s) will be located on the premises of a multi-unit dwelling).

During the review process, the CPHD will inspect the property where the proposed beehive(s) will be kept, for consistency with specifications per Section 5 of the Cambridge Public Health Department Regulation for the Keeping of Honey Bees.

