



8150 Barbara Avenue
Inver Grove Heights, MN 55077
www.ighmn.gov

Urban Chicken-Keeping License Application

This handout is only a guide and not a complete set of requirements.

Chickens may be kept in residential areas within the city limits after obtaining a license from the City of Inver Grove Heights.

Fee: \$25

Checks can be made payable to City of Inver Grove Heights or cash and cards can be processed at City Hall

APPLICANTS MUST PROVIDE INFORMATION ON THE FOLLOWING:

- Name and address of property owner where chickens will be kept
- Numbers of chickens
- Site plan of property showing proposed location of chicken coop/run
- Drawing or photo of proposed coop/run

CODE REQUIREMENTS:

- No more than six (6) hen chickens are allowed on a residential property
- No roosters or adult male chickens are allowed on a residential property
- Cockfighting is prohibited within the city
- The slaughter of chickens is prohibited on a residentially used or zoned property
- The owner of the chickens shall live in the home on the property
- Breeding chickens is prohibited
- Chickens shall not be kept inside a home

SHELTER AND ENCLOSURE REQUIREMENTS:

- Only one coop/run allowed per lot
- Chicken coops/runs are prohibited in a front and side yard
- Coops/runs should not be placed within any drainage or utility easement
- Coops/runs should be set back at least 10 feet from neighboring properties and at least 25 feet from the principal structure on a neighboring property
- Fencing must be consistent with zoning codes
- No coop/run should be constructed prior to the time of occupancy of the principal structure
- Chickens shall be treated humanely and provided a secure and well-ventilated roofed structure in compliance with zoning codes
- The structure shall be kept clean and sanitary
- Chickens shall be contained within a coop/run at all times
- The coop/run shall be well-drained so there is not an accumulation of moisture
- Chicken feed shall be stored in a leak-proof container with a tight-fitting cover to prevent attracting vermin

A license to keep chickens shall be issued for two years beginning March 1 and ending February 28. Applications for a renewal permit may not be made prior to (60) days before March 1.

Chicken License Application

License Period: March 1, 2025 - February 28, 2027

Cost: \$25

Section 1: Site/Applicant/Property Owner Information

SITE & APPLICANT INFORMATION			
SITE STREET ADDRESS:	CITY	STATE	ZIP CODE
APPLICANT NAME:			
APPLICANT HOME ADDRESS:	CITY	STATE	ZIP CODE
DAYTIME PHONE NUMBER:	EVENING PHONE NUMBER:		
APPLICANT EMAIL:			

PROPERTY OWNER INFORMATION (<i>IF DIFFERENT FROM APPLICANT</i>)			
PROPERTY OWNER NAME:			
PROPERTY OWNER HOME ADDRESS:	CITY	STATE	ZIP CODE
PROPERTY OWNER SIGNATURE (<i>ONLY SIGN IF PROPERTY OWNER IS DIFFERENT THAN APPLICANT</i>):			

The above referenced property's Homeowner's Association rules, if any, do not prohibit the keeping of chickens on the property (please initial next to one):

	Yes, they do prohibit keeping chickens
	No, they do not prohibit keeping chickens
	Not Applicable

Section 2: Chicken Coop/Run Information

CHICKEN COOP/RUN INFORMATION	
PROVIDE THE TOTAL NUMBER OF CHICKENS TO BE KEPT:	
PROVIDE THE DIMENSIONS OF THE COOP:	
PROVIDE THE DIMENSIONS OF THE RUN:	
PLEASE DESCRIBE THE MATERIALS TO BE USED FOR THE COOP AND RUN. ATTACH A DRAWING OR PICTURE OF THE COOP:	

WILL A FENCE BE ADDED IN ADDITION TO THE COOP AND RUN? YES NO

IF YES, PLEASE PROVIDE A DESCRIPTION OF THE FENCE, INCLUDING LOCATION, SIZE AND MATERIALS.

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PLEASE ATTACH A SITE PLAN OF THE PROPERTY FOR DEPICTING THE LOCATION OF THE CHICKEN COOP AND RUN.

Notice and Applicant Signature

I declare that the information I have provided on this application is truthful, and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Inver Grove Heights to investigate and make whatever inquiries are necessary to verify the information provided.

Signed:

Date:

FOR OFFICE USE ONLY

Application Received:

By:

Fee Paid:

**Property Owner
Information Sent:**

CODE COMPLIANCE SPECIALIST REVIEW

Review Date:

Staff:

Comments:

CITY COUNCIL REVIEW (IF REQUIRED)

Council Action Date:

Comments/Additional Conditions:

Approve:

Deny: