

CABELL COUNTY DOG SHELTER PERMIT APPLICATION

Office Use:

License Year: 2017 Application Fee: \$250.00 Receipt Number: Permit Number: 001

Application Date: _____

Owner/Applicant's Name: _____

Address:

Street

City

State

Zip

Phone # (Day): _____ Phone # (Evening): _____

A. Total Number of Dogs on Premises: _____ Percentage of time spent outdoors:

B. Method used to confine dogs to property: _____

C. Description of Property: _____

District

Tax Map

Parcel Number

D. Location of Property if different from above address: _____

Street

City

State

Zip

E. Written notification of any prior violations regarding the keeping of dogs during the previous licensing period.

F. Fees: New Shelter Fee: \$250.00 Renewal Shelter Fees: \$250.00 Violation Fee: \$50.00/day

I hereby consent to periodic inspection of the premises by the Cabell Huntington Health Department as provided for by Section B: Regulations Paragraph (2) Subsection (ii) of the Ordinance dated September 22, 2005, Item 291 as so adopted by the Cabell County Commission;

and,

I further agree to adhere to all sections of the above mentioned ordinance dated September 22, 2005.

This permit shall be displayed at all times in a prominent location on the premises.

Unless revoked sooner, this dog shelter license shall expire on December 31st of the year in which it was issued.

Signature of Applicant: _____ Date: _____

Permit Approved By: _____ Date: _____

Cabell County Permit Officer

Office Use Only

The above premises have been inspected and found to be in compliance with Section B, Paragraph (2) Subsection (ii) of the Ordinance adopted September 22, 2005 by the Cabell County Commission. Yes No

Cabell Huntington Health Department Official (Signature)

Date Inspected:

Supervisory Authority (Enforcing Agency) (Signature)

Date:

Cabell Huntington Animal Control Shelter with the assistance of the Cabell County Sheriff's Department, if necessary.