

Schedule "C"

Application for Beekeeping Permit

Applicant's name: _____ Telephone: _____
Address: _____ Lot size (in m²): _____

_____ Zone: _____

www.merritt.ca/zoningmap.php

I do/do not own the property (*delete as applicable*)

If applicable: Property owner's name, address, and consent:

Abutting neighbours (each side and back, if applicable) complete this section:

Name: _____ Consent/Medical Refusal detailed below:
Address: _____

Signature: _____

Name: _____ Consent/Medical Refusal detailed below:
Address: _____

Signature: _____

Name: _____ Consent/Medical Refusal detailed below:
Address: _____

Signature: _____

Applicant's Signature: _____

Date: _____

