



**Town of Halfmoon
2 Halfmoon Town Plaza
Halfmoon, NY 12065
371-7410 ext. 2260
Fax: 371-0304**

Department of Building, Planning & Development

Town of Halfmoon Egg-Laying Chicken Permit – Inspection Checklist (Section 165-40(E))

Inspection Date: _____

Building Permit #: _____

Address: _____

Parcel ID (S/B/L): _____

Owner: _____

Inspection Checklist :

_____ Lot is between 20,000 SF and 79,999 SF

_____ Six or less egg-laying chickens. Number of egg-laying chickens observed: _____

_____ Enclosed area. Type of enclosure: _____

_____ Coop/shelter

_____ Located in side/rear yard

_____ Setback minimum 15 ft from side & rear property lines

_____ Setback minimum 10 ft from residence

_____ 30 SF or less in area

_____ 6 ft or less in height

Inspector Name (printed)

Inspector Signature