



**Health Department
Environmental Health Section
Vector and Code Enforcement**

5235 N. Columbia Blvd.
Portland, OR 97203

<http://www.mchealth.org/vector>

Office Hours
Monday through Friday
8:00AM to 4:30PM

Phone: (503) 988-3464
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MULTNOMAH COUNTY OREGON

PETITION FORM

Address of facility: _____ **Date:** _____

The names and signatures below indicates permission* for the existence of bee colonies and or pigeon facilities within 150' of these neighboring properties (Portland Code Title 13.05.010). The petitioner has provided adequate explanation to these neighbors to their satisfaction.

* Permission – Multnomah County Health Department, Code Enforcement's intent is to have beekeeping permit applicants seek permission from their neighbors to promote interaction between the applicant and his/her neighbors so that 1) the neighbors understand that the applicant is seeking a permit, 2) they understand what will happen when the applicant keeps bees on his/her property, and 3) they have no serious objections to the applicant keeping bees.

<u>ADDRESS</u>	<u>NAME</u>	<u>SIGNATURE</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____

Use additional blank sheets if more space is necessary.

