



**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
Fax: (503) 988-5813



MULTNOMAH COUNTY OREGON

SPECIFIED ANIMAL PERMIT AND FACILITY APPLICATION

NAME: _____

ADDRESS: _____

PHONE: _____

ANIMAL FACILITY ADDRESS:

TYPE OF ANIMAL	NUMBER OF ANIMALS
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

CERTIFICATION

I have received a copy of Portland City Code Section 13.05.015 Permit Issuance Criteria and acknowledge that the Specified Animal Facility which I operate at the address above meets all requirements of the Issuance Criteria, that I have notified all property owners within 150 feet of the facility of the facilities' existence; and that I grant permission* for the representatives of the Multnomah County Health Department to enter and inspect the facility at any reasonable time.

Applicant Signature

Date



PERMIT FEES

Permits are valid indefinitely unless revoked. Each application for a permit must be submitted with a nonrefundable permit fee payable by check or money order. Make checks payable to Multnomah County. Mail the permit application form with the fee payment to:

Multnomah County Health Department
Vector and Nuisance Control
5235 N Columbia Blvd
Portland OR 97203

Beekeeping Specified Animal Facility Permit:	\$12.00
Specified Animal Facility Permit (other than bees):	\$31.00

* 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.