

**City of Flowood, Mississippi**  
**Wild Animal Variance Application**

2101 Airport Road  
Post Office Box 320069  
Flowood, Mississippi 39232-0069

Phone: (601) 939-4243  
Fax: (601) 420-3332  
Animal Control: (601) 932-5400

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Type of Animal(s): \_\_\_\_\_

Number of Animal(s): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*By signing this application, I certify that the information contained herein is true and correct, and I understand that the granting of a variance does not relieve me from any and all liability incurred as a result of the animal's actions.

**1. PEN/ENCLOSURE:**

- a. Chain-link fence around enclosure, a minimum of six (6) feet in height;
- b. Concrete floor covering the entire enclosed area; and
- c. Roof/cover capable of preventing animal(s) from escaping enclosure.

Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: ( ) Yes ( ) No

Comments: \_\_\_\_\_  
\_\_\_\_\_

**2. INSURANCE** Minimum of \$100,000 home owner's liability policy and proof of insurer's knowledge of animal(s) presence on the property.

Insurer: \_\_\_\_\_ Agent: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Contact information: \_\_\_\_\_

Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: ( ) Yes ( ) No

Comments: \_\_\_\_\_  
\_\_\_\_\_

\*Proof of insurer's knowledge of the animal(s) presence on the property must be attached to this application.

**3. ACTION TAKEN BY BOARD OF ALDERMEN**

Variance Approved: ( ) Yes ( ) No Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Any change in the above conditions requires re-inspection and approval. Any variance approved may be subsequently revoked for reasonable cause and/or if the animal is found outside the approved enclosure.