<u>City of Flowood, Mississippi</u> <u>Wild Animal Variance Application</u>

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:	ldress: City/State/Zip:				
Type of Animal(s)	; <u></u>				
Number of Anima	l(s):				
		Date:			
			e and correct, and I understand that s a result of the animal's actions.		
1, PEN/ENCLOST	<u>IRB</u> ;				
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:	The fact of the fa	Date;	Approved: () Yes () No		
2. INSURANCE N presence on the pr	•	ner's liability policy and proof o	of insurer's knowledge of animal(s)		
Insurer:	n;	Agent:	Policy No.:		
			Approved: () Yes () No		
Comments:					
*Proof of insurer's	knowledge of the animal(s) pre	sence on the property must be a	ttached to this application.		
3, ACTION TAKE	EN BY BOARD OF ALDERME	И			
Variance Approve	d: () 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.

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Name:		Phone:			
Address:		City/State/Zip:			
Type of Anima	ıl(s);				
Number of An	mal(s):				
		Date:			
*By signing th the granting of	is application, I certify that the info a variance does not relieve me fron	rmation contained herein is true n any and all liability incurred a	and correct, and I understand that s a result of the animal's actions.		
1. PEN/ENCL	OSURE:				
a.	Chain-link fence around enclosure, a minimum of six (6) feet in height;				
ъ.	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. INSURANC presence on the	E Minimum of \$100,000 home own				
Insurer: Contact inform	ation;	Agent:	Policy No.:		
Comments:					
*Proof of insur	er's knowledge of the animal(s) pre	sence on the property must be a	ttached to this application.		
3. ACTION TA	KEN BY BOARD OF ALDERME	M			
Variance Appro	oved: () 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.

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Type of Anima	al(s):					
	imal(s):					
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a.	Chain-link fence around enclosure, a minimum of six (6) feet in height;					
ხ.	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			
2. INSURANC presence on the	EE Minimum of \$100,000 home owner's property.	liability policy and proof	of insurer's knowledge of animal(s)			
Insurer: Contact inform	ation:Age	nt;	Policy No.:			
Inspected by: _		Date:	Approved: () Yes () No			
Comments;						
	er's knowledge of the animal(s) presenc					
3. ACTION TA	KEN BY BOARD OF ALDERMEN					
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Comments:						

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