



Community Development Department  
1702 Plainfield Road Darien, Illinois 60561  
Tel: 630-852-8115 Fax: 630-852-4709

## **BEEKEEPING, SUBJECT TO THE FOLLOWING REGULATIONS AND RESTRICTIONS**

ADDRESS: \_\_\_\_\_

**SUBMIT THE FOLLOWING (*intake staff to verify required submittal documents indicated below*):**

- **Building Permit Application** that is filled out and **signed by owner**
- **Bee Hive / Bee Colony Specification Sheet** (both pages 1 and 2) filled out and **signed by owner**
- **Legal Plat of Survey** that is Scale and indicates All Existing Conditions
- **Site Plan** (typically, a copy of the plat of survey) indicating the bee hive location and distances to lot lines and other structures (i.e. house, detached garage, shed, etc.)

### **Bee Hive and Colony Yard Requirements**

- Maximum of two (2) bee hives/colonies shall be permitted on residential zoning lots containing a minimum of ten thousand (10,000) square feet as an accessory use-hives/colony yards shall occur only in rear yards of single family properties.
- The hive(s) shall be located only in the rear yard and a minimum of fifteen feet (15') from all lot lines.
- A flyway barrier at least five feet (5') in height, consisting of a solid fence, tall bushes, the side of your garage or shed, or anything else that forces the bees to immediately fly up into the air and away from people adjacent to the beekeeping hives.
- Prominent signage warning of the presence of bees shall be required on the property (i.e., gate).
- Each hive shall not exceed five feet (5') in height, nor shall the land area designated for the hives exceed thirty (30) square feet in total.
- An initial building-registration permit shall be required for all hives and an inspection/approval is required prior to obtaining a beekeeping permit.
- A beekeeping permit issued by the City with a one-time fee of twenty five dollars (\$25.00) shall be required. A renewal permit shall be required each year thereafter, with no additional fee or building inspection required.

### **Sanitation requirements**

- A source of water shall be available at all times on the property during the beehive's active months (March - November). Humane conditions are to be maintained year round.
- All areas where beehives are kept shall be clean and well maintained with no accumulation of bee combs, wax, etc., around the site.
- All hives are required to register and maintain requirements with the Illinois Department of Agriculture as required.
- Sales of honey or anything related to beekeeping are not allowed.

**On or prior to May 1, 2021 all nonconforming properties must be brought into conformance with the hobby beekeeping regulations of this article. This period is for all purposes deemed an appropriate amortization period for each and every nonconforming property presently located within the corporate limits of the City or hereinafter located within the City by reason of annexation into the City of the lot or parcel on which the uses are located.**



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**BEEKEEPING PERMIT**

PERMIT FEE \$25.00

**1. ADDRESS AND APPLICANT INFORMATION**

FULL NAME			
ADDRESS			
PHONE (H)		PHONE (C)	
EMAIL			

**2. OWNER INFORMATION** WHEN APPLICANT IS NOT OWNER

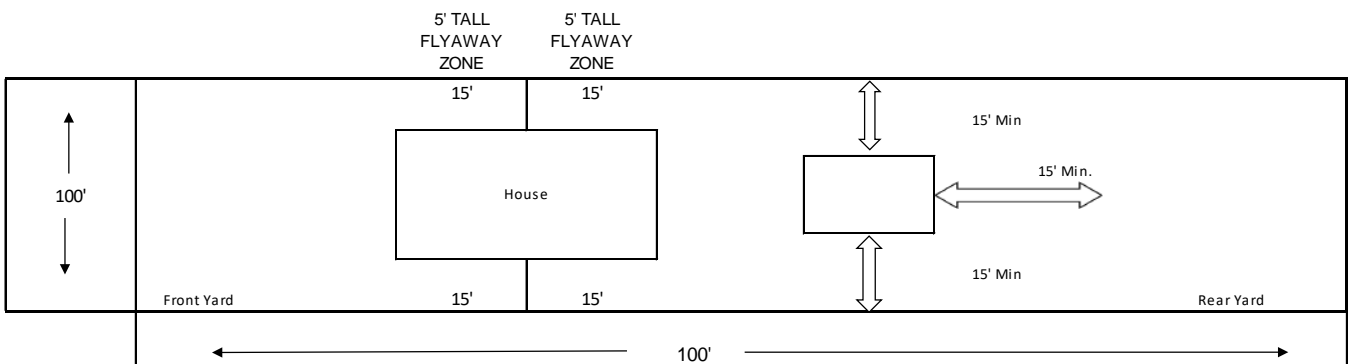
FULL NAME			
ADDRESS			
PHONE (H)		PHONE (C)	
EMAIL			

**3. PROPERTY INFORMATION (SITE PLAN REQUIRED)**

ZONING DISTRICT	R1 R2 R3		SINGLE FAMILY DETACHED		
LOT SQ FT*		* minimum lot size 10,000 square feet	# OF COLONIES*		* Maximum of 2

**4. COLONY INFORMATION**

SETBACK DISTANCE 1 (minimum 15' to property line)				SETBACK DISTANCE 2 (minimum 15' to property line)			
	SIDE (ft)	REAR (ft)	SIDE (ft)		SIDE	REAR	SIDE



**5. VERIFICATION**

<p>Applicant and Owner agree to allow City staff personnel to access the property for the purpose of verifying compliance with all applicable codes.  <b>BY SIGNING THIS DOCUMENT, I UNDERSTAND AND AGREE TO THE CONDITIONS SET FORTH.</b></p>						
APPLICANT:					DATE:	
OWNER:					DATE:	
<b>OFFICE USE ONLY</b>					1st Violation	2nd Violation
APPROVED BY:		DATE:			3rd Violation	Revoked
					Removed	