

# Application to keep bee hives



City of HOBART

## When to use this form

Use this form if you want to apply to keep bee hives if the maximum number exceeds what is permitted for your property size. For further information this please refer to the [City's website](#).

Issued under Part 2 Division 1 Clause 12 of the Environmental Health by-law 2018.

## Applicant details

First name Required

Last name Required

Date of birth Required

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Email address Required

Telephone number Required

Street address Required

Is this your postal address? (Select 1 option) Required

- yes
- no

Complete this field if you selected 'no' in *Applicant details: Is this your postal address?*

Postal address Required

Preferred contact method (Select 1 option) Required

- email
- telephone
- Australia Post

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## Application details

What is your land size? (Select 1 or more options) Required

- less than 400 m<sup>2</sup>
- 400m<sup>2</sup> - 1000m<sup>2</sup>
- 1000m<sup>2</sup> - 2000m<sup>2</sup>
- 2000m<sup>2</sup> - 4000m<sup>2</sup>

## Description

Describe where on the property you intend to keep the bee hives and attach any diagrams or images that may support your application. Please include the location of screens or other barriers and the location of a sufficient water supply. Required

## Attachments



Please attach all files to the end of this form before submitting it.

How many bee hives do you want to keep? Required

### Location of bee hives

Unit/street number (or other location e.g. Princes Park) Required

Street name Required

Suburb (Select 1 option) Required

- Battery Point
- Dynnyme
- Fern Tree
- Glebe
- Hobart
- Lenah Valley
- Lower Sandy Bay
- Mount Nelson
- Mount Stuart
- New Town
- North Hobart
- Queens Domain
- Ridgeway
- Sandy Bay
- South Hobart
- Tolmans Hill
- West Hobart

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## Declaration

**In making this application: (Select 1 or more options)** Required

I declare that the information and any attachments I have provided are true and correct. Required

I agree that by typing my name below I have signed this application. Required

**Name of signatory** Required

**Date** Required

(submitting online? Use the calendar icon on the right to select the date)

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For information on how Council manages, handles and protects personal information it collects please refer to the [Privacy Statement and Policy](#).

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*End of form*

*Don't forget to attach all files before submitting this form*