



**SHIRE OF
HARVEY**

A Breath of Fresh Air

Beekeeping Licence

APPLICANT AND PROPERTY DETAILS

Please return completed forms to:
The Shire of Harvey
PO Box 500
Harvey WA 6220
Email Shire@harvey.wa.gov.au

Name and Surname: _____

Residential Address: _____

Postal Address: _____

DETAILS OF BEE HIVES

Number of Hives: _____

Address where bees are to be kept: _____

- I am the registered property owner.
- I have permission from the registered owner to apply to keep bees on the property (attach completed authorisation from registered owner form).

Please **attach a site plan** showing proposed location where bees and hives will be kept.

Ensure the following details are included:

- Setbacks and distances to any thoroughfare, public place or boundary of land (e.g. generally 10m from any path, street, building or public place and 5m from any boundary of land);
- Located within the building envelope;
- A screen or other barrier to prevent bees flying low over a thoroughfare, public place or adjoining land; and
- Provision of water supply readily accessible by the bees on the land.
- Attach a copy of your current [registration](#) as a Beekeeper with the Department of Primary Industries and Regional Development (DPIRD)
- Written permission from all Adjoining Neighbours to install Hives on the property (note: separate form for each property)

Date: _____

Signature: _____



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NEIGHBOUR CONSENT

Please return completed forms to:
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Email Shire@harvey.wa.gov.au

Please fill out this form and return it to the applicant by _____ Date

I, _____ Name of Applicant

of _____ Address

will be applying to the Shire of Harvey to keep bee hives on my property. As part of the application process, I must have written permission from all Adjoining Neighbours to install hive(s) on my property

NEIGHBOUR TO COMPLETE THE FOLLOWING SECTION

Neighbour's Name: _____ Phone Number: _____

Address: _____

I understand my neighbour is applying to have bee hives in their rear yard.

- I do not give permission to keep bee hives.
- I give permission to keep bee hives.

Comments: _____

Date: _____

Signature: _____