

*In accordance with Village of Shorewood Code Section 192-16 I acknowledge that the Bee Hive(s) operated at the listed address meets all requirements of the Ordinance and that I have notified all property owners of adjoining or diagonally abutting properties including neighbors across alleys.*

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

- approve  object  household resident with demonstrable medical condition
- grant site waiver – This waiver voids distance and location requirements as stated in Village Code 192-16

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

- approve  object  household resident with demonstrable medical condition
- grant site waiver – This waiver voids distance and location requirements as stated in Village Code 192-16

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

- approve  object  household resident with demonstrable medical condition
- grant site waiver – This waiver voids distance and location requirements as stated in Village Code 192-16

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

- approve  object  household resident with demonstrable medical condition
- grant site waiver – This waiver voids distance and location requirements as stated in Village Code 192-16

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

- approve  object  household resident with demonstrable medical condition
- grant site waiver – This waiver voids distance and location requirements as stated in Village Code 192-16

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

- approve  object  household resident with demonstrable medical condition
- grant site waiver – This waiver voids distance and location requirements as stated in Village Code 192-16

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

- approve  object  household resident with demonstrable medical condition
- grant site waiver – This waiver voids distance and location requirements as stated in Village Code 192-16

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

- approve  object  household resident with demonstrable medical condition
- grant site waiver – This waiver voids distance and location requirements as stated in Village Code 192-16

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

- approve  object  household resident with demonstrable medical condition
- grant site waiver – This waiver voids distance and location requirements as stated in Village Code 192-16