



**Village of Ashwaubenon**  
 2155 Holmgren Way, Ashwaubenon, WI 54304  
 (920) 492-2309  
 build@ashwaubenon.gov  
 www.ashwaubenon.gov

# Goat or Sheep Application

Please reference [Ashwaubenon Municipal Code Chapter 4 Article 1 Section 5](#) and contact the Community Development Department well in advance of the planned keeping of goats or sheep for purposes of prescribed grazing of invasive plants. Approved permits expire within 90 days of issuance.

PROJECT SITE INFORMATION			
Address:			
City, State, Zip:			
Project Description:			
Project Area (sq. ft.):		Parcel ID #: VA-	
PROPERTY OWNER INFORMATION			
Name:		Telephone:	
Address:		Email:	
City, State, Zip:			
CONTRACTOR INFORMATION			
Name:		24-Hour Telephone:	
Company Name:			
Address:		Email:	
City, State, Zip:		<input type="checkbox"/> Goats	<input type="checkbox"/> Sheep
Dates animals on property: _____ to _____ (Maximum 30 days)			
<input type="checkbox"/> Proof of Insurance attached		Number of Animals: _____	
SITE CHECKLIST			
<input type="checkbox"/> Temporary Fencing	<input type="checkbox"/> Removal of Waste	<input type="checkbox"/> Fresh Water	<input type="checkbox"/> Signage

**SEE NEXT PAGE**

**PROPOSED DEVELOPMENT SITE PLAN INFORMATION**

**Project Site Plan.** Sketch a site plan that depicts the area to be grazed. Alternatively, the [Brown County GIS website](#) may be used to print out an aerial photo with parcel boundaries. Attach a copy of the map to the application. Please sign and date the signature block on Page 3.

**PROPERTY OWNER CERTIFICATION**

The undersigned hereby certifies that the prescribed grazing of invasive plants using sheep or goats shall be completed in compliance with Chapter 4 Ashwaubenon Municipal Code, and any other applicable, local, county, state, or federal regulations. Issuance of this permit does not release the applicant from the responsibility of obtaining any other permits that may be required.

*Signature of Property Owner*

*Print name*

**APPROVAL OR DISAPPROVAL (COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT)**

I have determined the proposed activity is in conformance with the provisions of Chapter 4.

YES

NO

*Signature of Zoning Administrator or Designee:*

*Date:*