



URBAN AGRICULTURE URBAN BEEKEEPING APPLICATION FORM –
NON-RESIDENTIAL

April 2019 – September 2020

Beekeeping within the City of Airdrie is prohibited under the Animal Control bylaw unless permitted by the Airdrie Urban Agriculture program. The Urban Beekeeping Pilot Project is part of the Urban Agriculture program. Please complete the following form and submit the application, with supporting documents to the Planning and Development Department at 400 Main ST SE or via email at urbanbees@airdrie.ca.

1. BUSINESS INFORMATION

Name of Business: _____

Contact Name: _____

Address: _____

Email Address: _____

Phone: _____

2. PROPERTY OWNER CONSENT

(a) Are you the registered owner of the property? Yes _____ No _____

(b) If the beehive(s) will be located on property not owned by the applicant, written permission from the property owner shall be provided. Please provide contact information for the property owner

Name: _____

Address: _____

Email Address: _____

Phone: _____

(c) Is the property part of a registered condominium association? Yes _____ No _____

If yes, a copy of the letter of agreement between the condo board and the beekeeper must be provided.

3. BEEHIVE LOCATION INFORMATION

(a) What is the parcel size (m²)? _____

(b) Where will the hive be located? Rear yard _____ Rooftop _____

(c) If the hive will be located in the rear yard is the rear yard fully fenced? Yes ___ No ___

(d) How many hives will you be having onsite? _____

(parcels less than 550m² allowed a max of 2 hives, parcels greater than 550 m² allowed a max of 4 hives; max of 4 hives allowed on rooftops)

4. TRAINING REQUIREMENT (Training must be completed before hive(s) are moved onto the property)

Have you completed a beekeeper course? Yes _____ No _____

If yes, please attach a copy of the course certificate and provide the following information

Session Location: _____

Session Date: _____

Session Instructor: _____

5. MENTORSHIP REQUIREMENT

Will this be the first time that you have kept bees in an urban setting? Yes _____ No _____

If yes, please provide information on your mentor or that you have made contact with a local beekeeping association for mentorship.

Name of Mentor or Beekeeping Association: _____

Phone Number: _____ Email: _____

Mentor’s Experience: Explain how long have they been keeping bees?

6. TERMS AND CONDITIONS (Please acknowledge and confirm that you are in agreement with the terms and conditions by checking each box)

- I have read and agree to comply with the City of Airdrie Urban Beekeeping Pilot Project Guidelines
- I have written permission from all adjoining neighbours to install hive(s) in my rear yard (attach a copy of each neighbour’s written permission). If the property abuts a municipal park or open space, then written permission is not required.
- I understand that if I do not comply with the terms of the City of Airdrie Urban Beekeeping Pilot Project Guidelines I may be removed from the pilot project.
- I understand that if approved I will be required to perform the following before moving a hive onto the property.
 - ✓ Register the hive with the Provincial Apiculturist pursuant to the Alberta Bee Act
 - ✓ Obtain a Premises ID number from the Provincial Apiculturist pursuant to the Alberta Bee Act
 - ✓ Obtain liability insurance to cover accidents related to beekeeping activities
 - ✓ Provide proof of completion of an urban beekeeping course from an organization/association acceptable to the City of Airdrie
- I am aware that any instances of swarms, disease or any situation not in keeping with the requirements must be brought to the attention of the Pilot Project Coordinator

I certify that the information is correct to the best of my knowledge:

Applicant Signature: _____ Date: _____

Property Owner’s Signature: _____ Date: _____

The information on this form is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act solely for the purpose of participation in the Urban Beekeeping Pilot Project. Questions about the collection of this information can be directed to the Team Leader, Planning & Development department at 400 Main Street SE, Airdrie, Alberta, T4B 3C3, telephone (403) 948-8848.



URBAN BEEKEEPING PILOT PROJECT NEIGHBOUR CONSENT FORM

Applicant's Details

I/We _____ of _____
name of beekeeper(s) address for beehive(s)

will be applying to participate in the City of Airdrie's Urban Beekeeping Pilot Project from April 2019 – November 2020. In order to be considered for the pilot project I am required to have written permission from all of my adjoining neighbours. I am therefore requesting that you grant your permission by signing the application below.

The Pilot Project has specific guidelines designed to minimize impact on adjacent properties and to ensure good beehive management practices are used. If approved to participate I/we will be keeping a maximum _____ honey beehives in my/our rear yard. Attached is a copy of the guidelines which I will be required to follow. You may also view the Council approved guidelines by visiting the City website at www.airdrie.ca/urbanbees.

Adjoining Neighbor Details

I/We _____ am/are the owner/leaseholder of _____
name of neighbour address of neighbour

give my permission for my neighbour _____ to keep a maximum of
name of beekeeper(s)

_____ honey beehives on their property.

Neighbour Contact Information:

Neighbour Mailing Address _____
(if different from above)

Email: _____ Telephone: _____

Please indicate your willingness to provide feedback to City staff. Yes No

Signature of neighbour

Date

If you have any questions or concerns regarding the pilot project you may contact the Project Coordinator Gail Gibeau at urbanbees@airdrie.ca or at 403.948.8800 ext. 8496.