

**CITY OF NORMAN**  
**APPLICATION FOR BEEKEEPING**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
City State Zip

TELEPHONE NO. \_\_\_\_\_

NO. OF HIVES \_\_\_\_\_ LOT SIZE \_\_\_\_\_

\_\_\_\_\_  
Email Address

Pursuant to Chapter 13, Article IV of the Code of the City of Norman, Oklahoma, I do hereby certify that I meet all requirements as set forth for the business of Beekeeping.

\_\_\_\_\_  
Owner's Signature

DATE \_\_\_\_\_

APPROVE \_\_\_\_\_ NO. OF HIVES \_\_\_\_\_

DISAPPROVE \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City of Norman  
Code Inspection Department  
405-366-5332