Application for an Animal Keeping Approval Bee Keeping Local Law No. 4 (Animal Management) 2002, Part 3, Division 2

logan.qld.gov.au

Applicant	Details	(Please	PRINT)
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Name:										
Address:								Post	code	
Postal Address (if same a please write 'As Above')	s above,							Post	code	
	Mobile)		Home			Wo	ork		
Contact Details:	Email									
Reason for Application	n for Bee k	Keep	oing Approval							
Number of hives applyi	ng for:									
Existing number of hive	es on prope	erty ((if any):							
Proposed total number	of hives:									
What type of bee specie	es are you	want	ting to keep?							
Do you wish your prop	erty to be	e ass	sessed for the m	aximu	m nı	ımber	of hives al	owed	? [] Yes □ No
Property Size	0 to 600M	1 ²	601 to 1,000M ²	1,001	to 2,0	000M ²	2,001 to 3,	000M ²	3,00	1M ² or more
Number of bees permitted	Nil		1 hive with Council approval		5 hive	s with proval	Up to 10 hiv	es with	Up to	15 hives with ncil approval
Where is the bee keepi	ing to be o	carri	ed out?			T.				
Real property description	n: L	₋ot:				Plan	n:			
Property Location:										
Size of Property (m2):										
Do you own this property	y?								Yes	□No
If No, do you have perm to keep bees on the prer application)									Yes	□ No

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Please provide a site plan and/or photos showing details of placen and the location of the water supply. Please indicate distance in m and distances from hives to water supply.		
and distances from hives to water supply.		
Hive registration & hive marking		
Have you registered as a Registrable Biosecurity Entity (RBE)?	□ Yes	□ No
What is your Hive Identification Number (HIN)?		
Are all hives marked?	□ Yes	☐ No (minimum of 1 hive MUST be marked)
Minimum Conditions The owner/keeper of bees must comply with Logan City Council's and Subordinate Local Law No 4.1 and ensure that the keeping of		
breeding or harbouring of flies or vermin		
damage to property		
 harm to human health or safety or personal injury 		

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nuisance

Site plan

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significant disturbance, inconvenience or annoyance to a person's enjoyment of their place of residence



Self-Assessment

potential risk to neighbours. In order to ensure your bees are kept appropriately, please answer the following questions:	
Do you have a management plan in place should you receive any complaints? ☐ Yes ☐ N	Ю
What steps would you undertake to ensure the least impact?	
Can you manage swarms, if they occur, so as to not become a nuisance to your neighbours? Yhat actions would you take to reduce a swarm from occurring?	O
Do you consider others when manipulating/moving hives and plan work to minimise impact? ☐ Yes ☐ N What measures would you put in place to minimise impact?	o
Customer summary An onsite inspection by an authorised Animal Management Officer will be undertaken prior to the issuing of an approval.	<u> </u>
Your checklist prior to submission:	
General You are over 18 years of age. Photos showing the site and location of the proposed hives are attached / enclosed with the application. Written approval to keep the bees on the property from the property owner (including Qld Housing Commission) (if applicable) is attached / enclosed with the application (refer Consent to Keep Bees on Property form, page 5). If you are a member of an official (recognised) bee keeping association or group:	у
Name of organisation:	
Membership number: Expiry Date:	
Please provide a copy of your current membership card.	

Beehives in residential backyards must be managed to ensure bees don't become a nuisance or a



Application Fees

Application Fees (Please note these fees are non-refundable and non-transferable)	Non-pensioner	Pensioner*				
Application fee	\$0.00	\$0.00				
NOTE: Approval conditions apply to BEE KEEPING however application fees do not currently apply.						

*Concessions - please enclose a copy of your pension details to receive the discounted fee.

Eligible Pensions:	Pension Type:	
Current Centrelink Pension Concession Card Department of Veterans' Affairs Gold Card/Pensioner Concession Card	Pension Card No.:	Expiry Date:

Signature of Applicant:	 Date

Payment options

Paying by mail:

Make your cheque or money order payable to Logan City Council and post to: Chief Executive Officer, Logan City Council, PO Box 3226, Logan City DC, Qld 4114.

Paying in person:

Cash, Cheque, Credit Card and/or EFTPOS.

Animal Management Centre: 213 Queens Rd, Kingston Mon to Fri 8:30am to 4:30pm : Sat 9:00am to 2:00pm

Beenleigh Customer Service Centre: 105 George St, Beenleigh Mon to Fri 8:00am to 4:45pm 18-22 Honora St, Jimboomba Mon to Fri 8:00am to 4:45pm Mon to Fri 8:00am to 4:45pm Mon to Fri 8:00am to 4:45pm Mon to Fri 8:00am to 5:00pm

Paying by Phone:

Call Logan City Council on (07) 3412 3412 to pay with or Visa or MasterCard.

Office Use Only								
Date:	Approval No.:		Receipt No.:					
Total amount paid:	Method of payment: ☐ Cash	□ EFTPOS	□ Cheque					

PRIVACY COLLECTION NOTICE

Logan City Council is collecting your personal particulars (name, address, contact, email and payment details) and your pet's details, in accordance with the Animal Management (Cats and Dogs) Act 2008, for the purpose of processing your application for an animal keeping approval. The information will only be accessed by employees and/or Councillors of Logan City Council and may be shared with animal welfare organisations such as the RSPCA and Animal Welfare League and/or local government agencies for the purpose of reuniting you with your pet. Some of this information may be given to the state department responsible for local government should your dog be declared a Regulated dog. Your information will not be given to any other person or agency unless you have given us permission or we are required/authorised by law.



Consent to Keep Bees on Property

□ Body Corpo	orate 🗆	Department o	f Housing] Propert	y Owner	□ Land	lord	
You are advised that an app	olication h	as been made	by:						
Name of Applicant: to Logan City Council pursua Address:	ant to <i>Local</i>	Law No. 4 (Anii	mal Manage	mei	<i>nt) 200</i> 2 fc	or an appr	oval to keep Postc		t
Breed of Bees to be kept									
Number of Hives									
Council requires your cor Do you object to this applica f YES, please detail your re	ation to ke						□ Yes		lo
Please complete below and	return to	the applicant:							
Name:									
Address:							Postcoo	le	
Contact Detaile.	Mobile					Work			
Contact Details:	Email					•			
Signature of Consenting Author ☐ I would like to receive complaints related to the complaints	e written n	otification fron					Date endments		