

Village of Whispering Pines
Minor Special Use Application – Beekeeping

Applicant Name: _____

Address: _____

Telephone: _____

Property Owner Name (if different from applicant): _____

Address: _____

State/Zip: _____

Telephone: _____

Relationship of applicant to property: _____

Size of lot: _____

Number of Hives: _____

Briefly describe you Beekeeping experience

Attach additional pages including but not limited to:

1. Proof of certification in the North Carolina Master Beekeeper Program or proof of a minimum of three years of beekeeping experience.
2. A sketch of the property identifying the location of the hives, type and location of enclosure(s), and location of water source.
3. Provide 2 current photographs of the area where you intend to locate your hive.

I have read and understand the standards for Beekeeping listed in the Land Development Ordinance. If approved, I agree to comply with all standards listed and any additional conditions set by the Board of Adjustment.

Any violation to these conditions shall result in revocation of this Minor Use permit.

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____