

City of Melbourne  
900 East Strawbridge Avenue  
Melbourne, Florida 32901



**ANIMAL PERMIT APPLICATION**

Office of City Clerk  
Office: (321) 608-7220  
[city.clerk@mlbfl.org](mailto:city.clerk@mlbfl.org)

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
*Address*

\_\_\_\_\_

*City*

*State*

*Zip Code*

Telephone Number: \_\_\_\_\_  
(During Business Hours) *(Area Code)*

Type of Animal: \_\_\_\_\_ Quantity: \_\_\_\_\_

SEE ANIMAL PERMIT GUIDELINES ISSUED BY THE CITY CLERK

**SIGNATURE**

I, \_\_\_\_\_, certify that the information I have provided in this application is true and correct; that I agree to adhere to the animal permitting procedures as outlined by the City Code of the City of Melbourne; and that I agree to adhere to the animal permit guidelines issued by the City Clerk.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**REQUIRED ATTACHMENT: HAND DRAWN SITE PLAN**

Site plan must include a sketch of the house (including the street) indicating the area in which the cage or pen will be located.