

**APPLICATION FOR PERMIT TO KEEP MULTIPLE DOGS**

Public Spaces and Animal Management Team

Kapiti Coast District Council   
Private Bag 60 601, Paraparaumu 5254  
175 Rimu Road, Paraparaumu 5032

Phone 04 296 4700 Toll Free: 0800 486 486

Email: [kapiti.council@kapiticoast.govt.nz](mailto:kapiti.council@kapiticoast.govt.nz)

Under the [Kapiti Coast Dog District Council Dog Control Bylaw 2019](https://www.kapiticoast.govt.nz/council/forms-documents/bylaws/#dogcontrol), no more than two (2) dogs older than three (3) months shall be kept on or within any property, other than in areas zoned rural in the Kapiti Coast District Plan. Permission is required for more than two dogs, irrespective of the number of dog owners residing in, or using, the property.

**To apply for a permit,** complete this application form & declaration stating that the information provided is true and correct. A one-off, non-refundable processing fee is payable on submission.

If you are not the owner of the property where the dogs will be located, you will need to obtain written approval from the property owner to support your application. You will also need to provide written approval from your immediate neighbours. Objections by neighbours will be taken into consideration but will not necessarily prevent a permit from being issued.

Please send this application form and your payment to a Kapiti Coast District Council. You can do this in person at one of our service centres; mail to the address above; or scan and email to [dogsadmin@kapiticoast.govt.nz](mailto:dogsadmin@kapiticoast.govt.nz)

An Animal Management Officer will review your application and dog owner history and contact you to arrange a property inspection or clarify any points.

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| **Your details** | | | |
| Name: | | | D.O.B: |
| Address (location of dogs): | | | |
| Suburb: | City: | | Postcode: |
| Email: | | | |
| Preferred contact phone: | | | |
| **Dog details** | | | |
| I presently have       dogs registered with the Kapiti Coast District Council in accordance with requirements of the Dog Control Act 1996. | | | |
| I am seeking permission to keep an additional       dogs at this property which will be registered with the Kapiti Coast District Council within 7 days of this permit being approved. | | | |
| **Details of additional owners and dogs:** | | | |
| Owner name: | | Dog name: | |
| Owner name: | | Dog name: | |

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| **Application Declaration** | | | | | |
|  | All dog(s) owned or kept by me will be controlled in accordance with the Dog Control Act 1996 and the Kapiti Coast District Council’s current Dog Control Bylaw (copy available on request or from Council’s website: [www.kapiticoast.govt.nz](http://www.kapiticoast.govt.nz)) | | | | |
|  | I understand that the application to keep more than two dogs at this property at any one time is limited to the dogs listed in this application. | | | | |
|  | My property is securely fenced to ensure my dog(s) are fully contained and there is unhindered access to one of my doors. Please note, the full property does not have to be fenced, but the dogs must be securely contained. **This application is subject to a property inspection by an Animal Management Officer.** Council may also carry out random inspections to ensure continuing compliance. | | | | |
|  | All dogs kept at the property will be supervised and housed in such a manner that no nuisance to neighbours is caused by inadequate dog control, noise or poor hygiene standards. | | | | |
|  | I will notify Kapiti Coast District Council in writing within 14 days of any information regarding the purchase of, death, sale or transfer of dogs to and from my property, including movement of any pups born on the premises. | | | | |
|  | I will notify Kapiti Coast District Council in writing within 14 days of any change of residential address. I understand that the permit for multiple dogs is applicable only for the address on this application and if I move, the new property will be subject to a property inspection & a fee will be payable for this. | | | | |
|  | I understand that if this permit is not approved, I will be notified in writing and are required to remove excess dog (s) from this property within 14 days of notification. Failure to do so may result in further enforcement action being taken. | | | | |
|  | I understand that any breach of the above conditions will lead to the immediate cancellation of this permit and that I will be required to remove excess dog (s) from this property within 14 days of cancellation. | | | | |
| Signature of Applicant: | | | | Date: | |
| **Office Use Only:** | | | | |
| Fee Paid Date: | | Fee charged: $ | | Receipt number: |
| AMO Recommendation: | | | | |
| Name: | | | Signature: | |
| AMTL Decision: Permit **Granted**  Permit **Declined** | | | | |
| Name: | | | Signature: | |

**NEIGHBOUR’S APPROVAL**

Please provide your boundary neighbour’s written approval for you to keep more than two dogs on your property. If you have any questions about which neighbours you will need to approach, please email us: [dogsadmin@kapiticoast.govt.nz](mailto:dogsadmin@kapiticoast.govt.nz) or phone: 04 296 4700.

If you do not provide us with approval from all immediate neighbours on this form, we will contact them on your behalf to gather their feedback.

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| **Name** | **Address** | **Phone** | **Approve (Y or N)** | **Signature** | **Date** |
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