Gates Town Code - Dog Control Regulations

A. It shall be unlawful to keep more than four (4) animals, four (4) months old or older, of which not more than two (2) shall be either dogs or cats, on any premises, regardless of the number of owners, unless the provisions of Chapter 190, Zoning, in regard to kennels have been complied with, or as provided for in Section 62-7B., below.

B. A homeowner may apply for a special use permit to retain more than two (2) dogs on his/her premises.

1. A homeowner owning more than two (2) dogs may apply for a special use permit from the Animal Control Officer. The Animal Control Officer shall review applications for permission to retain more than two (2) dogs on a case by case basis. The Animal Control Officer shall consider the effect on the character of the neighborhood in the event that additional dogs are permitted to remain on the homeowners premises.

2. A homeowner applying for a special use permit must have had no violations of Chapter 62 of the Gates Town Code during the twelve (12) months prior to the application.

3. In the event that a permit is granted by the Animal Control Officer, the permit will terminate upon the death or removal from the homeowners premises of any dog for whom the permit was issued. The permit may be revoked in the event that the homeowner is convicted of two (2) violations of Chapter 62 of the Gates Town Code within any twelve (12) month period or if any dog owned by the homeowner is determined to be a dangerous dog pursuant to this chapter or the New York Agriculture and Markets Law.

4. The application for a special use permit will be $50.00. An annual renewal of fee of $25.00 will also be required.
CHECK ONE

____New Application ($50 Fee Required)             ____Renewal Application ($25 Fee Required)

NAME__________________________________________________

ADDRESS_____________________________________________________

TELEPHONE________________________ ALT. TELEPHONE____________________________

DO YOU:    ____RENT      ____OWN

IF RENTING, PLEASE PROVIDE PROPERTY OWNER INFORMATION:

NAME:__________________________________  PHONE NUMBER_________________________

DOG INFORMATION

<table>
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<tr>
<th>NAME</th>
<th>BREED</th>
<th>AGE</th>
<th>SEX</th>
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CIRCUMSTANCES FOR HAVING MORE THAN TWO DOGS ON PREMISES:
___________________________________________________________________________________________________
___________________________________________________________________________________________________

NOTE: APPLICANT REQUESTING SPECIAL USE PERMIT AT THE ABOVE ADDRESS DESCRIBED HEREIN WILL COMPLY WITH ALL TOWN OF GATES DOG LAWS. TWO CONVICTIONS WITHIN A TWELVE MONTH PERIOD WILL RESULT IN THE REVOCATION OF YOUR SPECIAL USE PERMIT AND SUBSEQUENT REMOVAL OF THE THIRD DOG.

I AGREE WITH ALL TERMS AND CONDITIONS SET FORTH IN THIS SPECIAL USE PERMIT APPLICATION AND WILL ABIDE BY ALL DOG LAWS OF THE TOWN OF GATES.

APPLICANT SIGNATURE____________________________________ DATE______________

DOG CONTROL OFFICER CHECKLIST

OFFICE USE ONLY

DOG CONTROL OFFICER’S DETERMINATION: _____ APPROVED _____DENIED

DOG CONTROL OFFICER____________________________________ DATE______________

Equal Opportunity Employer
NAME:_______________________________________________________  
ADDRESS:______________________________________________________  
PHONE NUMBER:______________________________________  
DATE:_________  

1) Food/water available?     ___Yes ___No  
2) Proper shelter from the elements?     ___Yes ___No  
3) Citations/convictions past 12 months?     ___Yes ___No  
4) Dogs history?   
_______________________________________________________________________________________________  
_______________________________________________________________________________________________  
_______________________________________________________________________________________________  
5) Complaints/incident reports on file?     ___Yes ___No  

NOTES/REASONS:  
_______________________________________________________________________________________________  
_______________________________________________________________________________________________  
_______________________________________________________________________________________________  
_______________________________________________________________________________________________  

DOG CONTROL OFFICER___________________________________________________DATE______________