



THE COMMONWEALTH OF MASSACHUSETTS

Town of Hanover

Board of Health

550 Hanover Street, Hanover, MA 02339

Tel: (781) 826-4611 Fax: (781) 826-5289

APPLICATION FOR AN ANIMAL PERMIT

Date: _____, _____

Fee: \$25.00

Permit Number: _____

To the licensing authorities

In accordance with the provisions of the Statutes and Town Regulations relating thereto, an application for a permit is hereby made by:

Applicant: _____
Name

Address

City State Zip

Tel # _____ E-mail: _____

Stable Use: Private: _____ Training: _____

Boarding: _____ Lessons: _____ Other: _____

Number of Animals on property:

Horses: _____ Ponies: _____ Goats: _____

Sheep: _____ Swine: _____ Poultry: _____

Rabbits: _____ Bulls: _____ Cattle: _____

Other (please list): _____

Variations granted: _____

Comments: _____

Layout Plan:

***Drawing of each Barn/Stable/Coop with measurements from the house and property lines.
All fences that will house animals must be shown with distance to property line.
Also, please include the location of any streams, drains, and adjacent dwelling.
(You may attach a plot plan with all of the above drawn requirements.)***

(A drawing must be submitted each year, with this application.)

****** A written plan for each of the following must be submitted with this application:**

***Manure management
Storage of feed
Pest control***

All permits expire December 31st of each year. Failure to renew your permit by December 1st of each year will result in a fine (double the permit fee), plus the cost of the permit.

The undersign agrees to comply with all the rules and regulations of the Board of Health pertaining to keeping of animals. (The Hanover Board of Health's Regulations are available on line at www.hanover-ma.gov)

If needed: Date of Hearing: _____

Signature of applicant(s)