



BOARD OF HEALTH
TOWN OF FOXBOROUGH
 MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
 Tel. (508) 543-1207
 Fax (508) 543-6278

**APPLICATION FOR
 KEEPING OF ANIMALS & FOWL**

Application must be submitted 30 days before renewal date.
\$10 Fee – check made payable to Town of Foxborough
 Include \$25 Late Fee if submitted less than 30 days before renewal date.

PERMIT EXPIRES ON DECEMBER 31ST.

BHP- _____	NO REFUNDS OR TRANSFER OF FUNDS
DATE REC'D _____	<input type="checkbox"/> INITIAL PERMIT
CHECK# _____	<input type="checkbox"/> RENEWAL PERMIT

Applicant Name: _____

Applicant Address: _____

Applicant Phone#: _____ **Email:** _____

LOCATION/Street Address of the premises to be used: _____

Size of Lot: _____ over 2 acres over 5 acres

Species: _____ **Total Number:** _____

Species: _____ **Total Number:** _____

Species: _____ **Total Number:** _____

Name of principal Veterinarian: _____

Veterinarian's Phone Number: _____

Type of Structure(s): _____

INCLUDE WITH APPLICATION for approval by the BOH:

- Plot Plan
- Written Manure Management Plan (MMP)
- Pest Management Plan

*THIS PORTION - FOR INITIAL PERMIT ONLY or Substantial Modification
 of Structure or Substantial Increase in Number of Animals*

Notification of Abutters: (green cards)

Building Commissioner: _____ **Date:** _____

Conservation Officer: _____ **Date:** _____

BOH HEARING DATE: _____ Granted Denied

Filing Fee for Hearing: \$50.00 - Check payable to the Town of Foxborough

Signature of Applicant: _____ **Date:** _____

Permits are not transferable and shall be posted in a conspicuous area.

(updated April 2014)