



TOWN OF TEWKSBURY

HEALTH DEPARTMENT

TOWN HALL

1009 MAIN STREET

TEWKSBURY, MASSACHUSETTS 01876

(978) 640-4470

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health@tewbksbury-ma.gov

PERMIT APPLICATION FOR THE KEEPING OF ANIMALS (First Time Applicants)

Fee: Animals general \$ 50.00

Piggeries \$200.00

Expires April 30th

OFFICE USE ONLY:

DATE RECEIVED: _____ CHECK NO: _____ AMOUNT RECEIVED: _____ PERMIT# _____

Property Address where animals are being kept: _____

Name and address of Permit Applicant:

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

List the *type and number of animals* that you are applying for at the location.

If Applicant is not the Property Owner, the property owner must be a co-applicant on this application:

Name address and telephone number of ALL Owner(s) of the Property where the animals are being kept

*Signature of property owner(s):

_____ Date Signed: _____

_____ Date Signed: _____

**By signing this permit application, I acknowledge that I am considered a co-applicant on the permit.*

****Please note that a site visit will not be set up without the property owner's signature.****

Emergency Contact Information (required):

Name: _____

Address: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

Please provide the following information:

Plot Plan

- Hand sketched plot plan in box below
- OR
- Attached Plot Plan (preferred)

Please ensure that the actual locations of, including but not limited to, any and all animal structures, pens, coops, fences, manure piles, feed storage are shown on the plot plan/sketched plot plan and must be located on the property as shown on the plot plan/sketched plot plan.

Please provide a written description on how you plan on handling the following (attach additional pages as needed):

Manure Management:

Storage of Feed:

Pest Management:

By signing this application, I agree to the Minimum Standards for the Keeping of Animals. I also understand if complaints or violations are alleged against me, I will be required to appear before the Board of Health and the animals may be required to be removed from the property.

Signature of Permit Applicant: _____ Date Signed: _____

- Disposal Plan – I acknowledge that I have been provided a disposal plan Initials: _____
(check box and initial **AFTER** disposal plan has been received)

