



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS

- INITIAL PERMIT
 RENEWAL PERMIT

www.foxboroughma.gov

**ABSOLUTELY NO REFUNDS
OR TRANSFER OF FUNDS**

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

BHP- _____	FEE: \$10.00
DATE REC'D _____	Please make checks payable to the
CHECK# _____	Town of Foxborough.
PERMIT EXPIRES ON DECEMBER 31 ST .	

Application for the
KEEPING OF ANIMALS & FOWL

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: _____

Veterinarian(s): _____ Phone #: _____

Type of Structure(s): _____

INCLUDE WITH APPLICATION for approval by the BOH. Note any changes from previous year if this is renewal application

- Plot Plan (attached)
Manure Management Plan (attached)
Pest Management Plan (attached)

THIS PORTION - FOR INITIAL PERMIT ONLY or for New Structure, Substantial Expansion of Structure or Substantial Increase in Number of Animal Units (see Section 16)

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.
(Revised: April 12, 2010)