



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

Fee: \$10.00 – Cash or Check made payable to “Town of Foxborough”
Late Fee: \$25.00 – If submitted less than 30 days before expiration date.
(All Permits Expire on December 31st)

Note: ***No Refunds or Transfer of Funds***

BHP- _____	
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) **OR** NO CHANGES (Renewals Only)
- 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 Public Hearing Date*: _____ Granted Denied

*Total cost of the public hearing notice will be the sole responsibility of the applicant.

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