

# BOARD OF HEALTH

William J. Lee Memorial Town Hall  
1 Lafayette Street, Wakefield, MA 01880  
TELEPHONE: (781) 246-6375 | FAX: (781) 224-5018  
boardofhealth@wakefield.ma.us



## Animal Permit: Initial Application

### Permit Fee:

<b>FEES: Bird &amp; fowl</b>	<b>\$10.00 (maximum allowed 24)</b>
<b>Cattle (bull), cows, horses, sheep &amp; goats</b>	<b>\$10.00 (each)</b>
<b>Pigeons</b>	<b>\$10.00 (maximum allowed 14)</b>
<b>Pigs</b>	<b>\$10.00 (maximum allowed 3)</b>
<b>Stable</b>	<b>\$40.00 (for 5 or more horses)</b>

THE UNDERSIGNED HEREBY APPLIES FOR A LICENSE TO KEEP: (indicate # of animals)

Horses \_\_\_\_\_ Poultry \_\_\_\_\_ Pigs \_\_\_\_\_ Game Birds \_\_\_\_\_ Chinchilla \_\_\_\_\_  
Cows \_\_\_\_\_ Goats \_\_\_\_\_ Sheep \_\_\_\_\_ Mink \_\_\_\_\_ Other \_\_\_\_\_ specify

Please attach a plot plan and include the following information

- The area, lot of land, acreage, lot dimensions and residential address
- Location of animal facility on lot
- Dimensions of animal housing facility
- Distance of animal housing facility to streets, water courses, wells and abutters
- Applicant shall furnish written verification signed by all abutters, that they have been notified of the applicant's intent and have been informed of their right to express their grievances, if any, to the Board within seven (7) working days.
- A picture or drawing of the animal housing facility

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date