



TOWN OF MERRIMAC, MASSACHUSETTS
BOARD OF HEALTH
KEEPING OF ANIMALS PERMIT APPLICATION

Permit Year: 20_____

Fee: \$10.00

APPLICANT INFORMATION:

Payable to Town of Merrimac

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Email(s): _____

Emergency Contact Name and Phone Number _____

ADDRESS WHERE ANIMALS WILL BE KEPT: ☐ Same as Applicant

Name: _____

Location Address: _____

City: _____ State: _____ Zip Code: _____

PROPERTY OWNER INFORMATION: ☐ Same as Applicant
(If different from Applicant please attach documentation as per regulation)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Email(s): _____

LIST OF SPECIES AND NUMBER OF ANIMALS (If more lines are needed please attached a 2nd sheet):

Number: _____ Species: _____

Number: _____ Species: _____

Number: _____ Species: _____

PLEASE ATTACH THE FOLLOWING:

1. A plot plan, with dimensions of the area where animals will be kept, locations of the primary residence, structure(s) (including fences), abutting structures(s), corrals, septic systems, private wells and wetlands. A hand-drawn plot plan is acceptable so long as it is of sufficient detail and quality to allow for Board review.
2. A written management plan for the following: Manure management, Storage of feed, and Pest management.

For Office Use Only:

Date Approved: _____ **Date Denied:** _____

Signature: _____ **Permit # KA** _____

Permit is NOT Transferable