



CITY OF MARLBOROUGH

BOARD OF HEALTH

140 Main Street, Lower Level
Marlborough, Massachusetts 01752
Facsimile (508) 460-3638 TDD (508) 460-3610

Joseph Tennyson, MD, Chair
James Griffin, Member
Robin Williams, Member
Tel (508) 460-3751

APPLICATION FOR A PERMIT TO KEEP ANIMALS

Address: _____

Animal Owner's Name _____

Animal Owner's Phone Number: _____

Animal Owner's Email _____

Type of animals propose to keep on premises: _____

For each species of animal, you are looking to permit, please explain where they will be kept and how they will be provided for: _____

NOTE:

I have received and read a copy of the City of Marlborough's ***Animal Regulation*** and, if keeping Chickens, the ***Best Practices Information*** (both available at the Board Of Health web page).

_____ Owner's Initials

Animal Owner's Signature

(Date)

Property Owner's Signature

(Date)

**** REQUIRED DOCUMENTATION:**

A plot plan of lot is required showing structures, buildings, coups, feed and water areas, fences, water wells and other site-specific features.

REQUIRED FOR REVIEW:

For Building /Zoning Official

Use is allowed in this Zoning District: _____

(Building/Zoning official's signature)

(Date)