



BOARD OF HEALTH

Main Street, Hudson, Massachusetts 01749

Phone (978) 562-2020

Fax (978) 562-8508

APPLICATION FOR A STABLE PERMIT

| | | | | | |
|--|--------|---------------|----|-------------|-------|
| Address of Stable: | | | | | |
| Town: | Hudson | State: | MA | Zip: | 01749 |
| Mailing Address (if different): | | | | | |
| Town: | | State: | | Zip: | |
| Applicant's Telephone Number: | () | | | | |
| Applicant's Name: | | | | | |
| Applicant's Address: | | | | | |
| Town: | | State: | | Zip: | |

Animal Information:

| Type of Animal | Quantity |
|----------------|----------|
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Each application shall include the following:

1. A plot plan drawn roughly to scale showing the lot or parcel where the building to be used as a stable is to be located. Said plot plan shall show the following:
 - a. The general contour and drainage of the plot.
 - b. The location of all sewage disposal systems, wells, brooks, swamps, and structures located on the plot or within 200 feet of the proposed stable.
 - c. The areas to be used for storage and handling of manure.
 - d. The location of roads, easements (such as water, drainage, and conservation easements) and lot lines.
2. The number and type of animals to be kept in the proposed stable.
3. A plan for storing and removing manure.
4. A floor plan of the proposed stable showing dimensions and location of stalls and facilities for storage and handling feed materials.

Pursuant to M.G.L. Ch.62, section 49A, I certify under the penalties of perjury, that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under laws.

Signature of Applicant

Date

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|---|--|
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved By: Date: | <i>For Official Use Only</i> Fee Paid: \$10 per year Date Paid: Permit Number: |
|---|--|