



**KEEPING OF ANIMALS PERMIT
FOR MELROSE BOARD OF HEALTH USE ONLY**
MAKE CHECKS PAYABLE TO CITY OF MELROSE

Permit is valid Jan 1-Dec 31 all applications need to be submitted with payment by Dec 31.

1) Owner of Property Name:	
2) Owner of Property Name Address (if different):	
3) Occupant of Property (if different):	4) Telephone No:
5) Occupant of Property Mailing Address (if different):	
6) E mail (correspondence will be via email):	
7) Type of animal(s):	
8) Number of animals	
9) A written plan for the disposal of manure. (attach to permit application) Initial verification: _____	
10) <i>Written verification that each abutter has been notified of the applicant's intent and informed that they have the right to express grievances, if any, to the Board at or before the Public Hearing.</i> Initial verification: _____	
11) Source of Animal(s):	
<u>Type</u>	<u>Company Name</u>
<u>Address/Phone Number</u>	

12) If plot plan on file has changed, please include a new plan which includes any changes	
There are no changes at this time:	Initial verification: _____
Changes are included in this packet:	Initial verification: _____
13) What is your plan for chickens when they no longer are egg laying:	

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that I will comply with Melrose Health Department Keeping of Animals. I have been instructed by the Board of Health on how to obtain copies of Massachusetts General Laws Chapter 111, Sections 31 and 155.

13) Signature of Applicant: _____