BOARD OF HEALTH

TOWN OF ACTON

Application for Animal Stabling

Application is hereby made for a Permit for Use of Structure for Stabling of Domesticated Animals at:

_____
Location - Address

_____
Owner Address

Type and description of Building: _____

Sq. ft.:_____

Type and Number of Animal(s)_____

Agreement:

The undersigned agrees to use a structure for the stabling of domesticated animals in accordance with the provisions of Acton Board of Health Regulations Article 12. The undersigned further agrees not to utilize a structure for stabling of domesticated animals until such time that the Board of Health approves such use. The Board of Health shall enforce the provisions of Article 12 and any agent of the Board of Health may, in accordance with applicable state law, enter upon the premises at any reasonable time to inspect for compliance.

Applicant's Signature _____ Date: _____

----------Internal Use Only----------

Permit for the Stabling of Domesticated Animals.

Owner:_____ Address:_____

Approval Date_____ Expires:_____

The Board of Health shall enforce the provisions of Article 12 and any agent of the Board of Health may, in accordance with applicable state law, enter upon the premises at any reasonable time to inspect for compliance.

Conditions of Approval:

_____

_____

_____

Agent of the Board of Health: _____