



TOWN OF TEWKSBURY

HEALTH DEPARTMENT

TOWN HALL

1009 MAIN STREET

TEWKSBURY, MASSACHUSETTS 01876

(978) 640-4470

Fax: (978) 640-4472

health@tewbury-ma.gov

PERMIT APPLICATION FOR THE KEEPING OF ANIMALS

Permit Number: _____

Fee: Piggeries \$ 75.00

The undersigned hereby applies for a permit in accordance with the provisions of the Statutes relating thereto

Name of Individual Applicant: _____

Company's Name: _____

Address of Applicant: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

Web address: _____

Emergency Contact Information:

Name: _____

Address: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

The above named applicant was granted a permit to keep animals by the Tewksbury Board of Health at a public hearing(s) on _____.

Restrictions (if applicable):

List the *type and number of animals* that you have at the location where the permit to keep animals was granted (list by category and number i.e. chickens 10):

Signature: _____ Date Signed: _____

OFFICE USE ONLY:

DATE RECEIVED: _____ CHECK NO: _____ AMOUNT RECEIVED: _____