



Department of Municipal Licenses and Inspections

Mary E. McGrath, R.S., Director
90 Pond Street – Braintree, Massachusetts 02184

Building Division Telephone: 781-794-8070 Fax: 781-794-8022
Health Division Telephone: 781-794-8090 Fax: 781-794-8098

Joseph C. Sullivan
Mayor

ANIMAL PERMIT APPLICATION

Property Owner Name: _____

Property Owner Address: _____

Property Owner's Contact Telephone Numbers: _____

Type and number of animal(s): _____

Include the following:

- 1. Direct Abutter Notification _____
- 2. Plot Plans Submitted _____
- 3. Manure Disposal Method _____
- 4. Description of building used to house animals _____
- 5. Evidence of Innoculations _____

Variances requested: _____

If variance is requested and subsequently approved by the Department of Public Health, the property owner releases the Department of Public Health and its agents from any harm or any potential liability, which could be caused by the granting of said variance.

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the operation will comply with the Department of Public Health –Keeping of Animals regulations, and all other applicable laws.

Signature of Owner: _____ **Date:** _____

FOR DEPARTMENT OF PUBLIC HEALTH USE ONLY

Date Received: _____

Date Inspected/Reviewed: _____

Date Approved: _____

Permit Number: _____

Health Agent Initials: _____



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DATE: _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER ADDRESS: _____

Dear Department of Public Health:

I/We, _____, having submitted application for
(Property Owner)
an animal permit to the Braintree Department of Public Health, voluntarily permit department
inspectors to gain access to the property to conduct an animal site inspection, located at

_____, Braintree, MA 02184.
(Street Address)

Signature of Property Owner: _____