



TOWN OF NORWOOD BOARD OF HEALTH

Commonwealth of Massachusetts

APPLICATION FOR KEEPING OF ANIMALS

DATE: _____

APPLICANT'S NAME:: _____
(PLEASE PRINT)

ADDRESS: _____
STREET TOWN ZIP

TELEPHONE NUMBER: () _____

E-MAIL: _____ FAX: () _____

PROPERTY OWNER'S NAME & ADDRESS IF DIFFERENT:

NAME: _____

ADDRESS: _____
STREET TOWN ZIP

TYPES AND NUMBERS OF EACH ANIMAL REQUESTED: _____

PLEASE INCLUDE:

_____ VERIFICATION OF NOTIFICATION OF ABUTTORS (SEC. 2.b)

_____ PLAN DRAWN TO SCALE (SEC. 2.c)

_____ FIFTY DOLLAR (\$50.00) PERMIT FEE (SEC. 2d)

_____ MEANS OF SATISFYING REQUIREMENTS OF (SEC. 5b-j)

THIS APPLICATION WILL BE REJECTED IF NOT PROPERLY COMPLETED. COMPLETED APPLICATIONS WILL BE ACTED UPON AT THE NEXT SCHEDULED BOARD OF HEALTH MEETING.

THE PERMIT SHALL EXPIRE DECEMBER 31ST OF EACH YEAR. THIS PERMIT IS NOT TRANSFERRABLE.