Р	ermit Number:_		₋ Fee:\$25.00
Paid on	Cash	Check#	



Town of Fairhaven, Board of Health



40 Center Street, Fairhaven, MA 02719 Telephone: 508.979.4023 Ext.125 Fax: 508-979-4079 BOH@Fairhaven-ma.gov

See Regulations: Domestic Ani at least 15 days prior to issuance	mals- New pe e of the permit us neck one:		n writing of the areas consider Amendme	ne pending permit application dered suitable for agricultural
Applicant				
Address & Zip Code				
Contact Phone Number & Email				
Assessors's Plat & Lot		LOT	SIZE:	Restrictive Covenant: Y/N
FOR NEW PERMITS	ONLY	FOR A	MENDME	NTS ONLY
Requesting the following	Animals:	Total Ani	mals Curre	ently Permitted:
		Requesting P	ermit be ar	mended as follows:

		Permit N	Iumber:	Fee:
	Pai	d on	_ Cash	Check#
Please o	ive a written descr	intion of		
r icase g	ive a written deser	ipuon or.		
Manure, Fe	eed, Bedding Hand	lling/ Stor	<mark>age Plai</mark>	<mark>n</mark>
Belo	w – Sketch animal	nen detai	ls:	
		P		
Use this checklist while crea	ting the sketch:			
Pen location on lot []	Home/ other b	ouilding's /p	ool on lo	ot []
Pen Size []	Setback distar	ices from lo	ot/ proper	ty lines []
~ []	Settler and the		- Propor	-)05 []
e of Applicant:		Dat	٥.	