



**Town Of Uxbridge
Board of Health
21 South Main Street
Uxbridge MA 01569
Telephone/Fax 508-278-8604**

Permit No. _____

Fee: \$50.00

STABLE PERMIT APPLICATION- PRIVATE

In accordance with the provisions of the Massachusetts State Sanitary Code, Chapter III, and the By-Laws of the Town Of Uxbridge, the Permit as stated above is hereby granted to:

Owner Name(s)

And whose residence or business, herein specifically covered by this permit is at:

Address of Stable

Phone Number: _____

Emergency Phone Number: _____

Number and Type of Animals:

Cattle: _____ Dairy: _____ Steers/Oxen: _____

Swine: Breeders: _____ Feeders: _____

Equines: Horses: _____ Ponies: _____

Poultry: Chickens: _____ Turkeys: _____ Waterfowl _____ Game birds: _____

Goats: _____ Sheep: _____ Llamas: _____ Rabbits: _____

Other: _____ what kind of animal: _____

Year Round: **(Circle One)** Yes No Boarding: **(Circle One)** Yes No

Land Is Zoned: **(Circle One)** Agricultural - Residence A (Less Than Five (5) Acres Requires ZBA Approval)
Residence C

From this _____ day of _____ until **December 31,**

Unless sooner revoked for violations of the requirements of the Massachusetts State Sanitary Code, Chapter III, or the By-Laws under which this Permit is granted.

_____, **Chairman**

UXBRIDGE BOARD OF HEALTH

Barn and Animal Inspector

