

Great Barrington Board of Health
Keeping of Farm Animals Application

PROPERTY OWNER INFORMATION (where animals are kept)

Date of Application: _____

Name of Property Owner and Farm Name (if applicable): _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Email: _____

Barns/Shelters/buildings for animal use: _____ Property Size (acres): _____

ANIMAL OWNER INFORMATION

Do the animals on the property belong to property owner? ☐ Y ☐ N

Name _____

Phone # _____

Email: _____

Mailing Address : _____

City/State/Zip _____

TYPE OF ANIMALS ON PROPERTY

Type of Animal (cattle, chickens, etc.)	# of Each	Shelter Provided?		Comments
		<input type="checkbox"/> YES	<input type="checkbox"/> No	
		<input type="checkbox"/> YES	<input type="checkbox"/> No	
		<input type="checkbox"/> YES	<input type="checkbox"/> No	
		<input type="checkbox"/> YES	<input type="checkbox"/> No	
		<input type="checkbox"/> YES	<input type="checkbox"/> No	

Check all statements below and sign:

- ☐ I understand that the animal inspector is required to inspect my property annually, per MGL C129 S7
- ☐ I understand that issuance of the BOH permit does NOT mean that the property complies with zoning.
- ☐ I have read and understand the GBBOH "Keeping of Animals" Regulations.
- ☐ I will notify the Board of Health of any changes to the information above.

Signature of Applicant

Date

Office Use Only

Rc'd: _____ Inspected: _____ Inspector Name: _____