



# Town of Ashland

M A S S A C H U S E T T S

Board of Health  
101 Main Street  
Ashland, MA 01721  
Phone 508-881-0100, ext. 7922  
Fax 508-881-0182

## Equine /Animal Permit Application

**Fee:** Equine Permit \$38.00  
Animal Permit: \$19.00

Date: \_\_\_\_\_

In accordance with the provisions of the statues relating thereto, application for a permit is hereby made by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Square Footage of the property: \_\_\_\_\_

To house and maintain \_\_\_\_\_ within the  
Town of Ashland for the year 2020. List animals / number of animals

Pursuant to M.G.L. Ch. 62 C, sec 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State tax returns and paid all State and Local taxes.

\_\_\_\_\_  
Signature of Applicant

## Emergency Disaster Plan

Owner's Name:	
Address:	
Telephone Number:	
Emergency telephone Number:	
Veterinarian's Name:	
Veterinarian's Telephone Number:	
Veterinarian's Emergency Telephone Number:	

## Emergency Location Information

Location where the animals will be moved to in case of an emergency or a disaster at the property where animals are typically kept:

Property Owner's Name:	
Property Location:	
Town, State, Zip Code:	
Telephone #	

## Manure Removal Plan

Describe in detail the manure removal plan and the odor control for your property.

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The Animal Inspector/Board of Health needs to be notified immediately if there is any change to the Emergency Disaster plan and/or the Manure Removal Plan.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date