Billerica Board of Health

Town Hall
365 Boston Road
Billerica, MA 01821
Phone: 978-671-0931
Fax 978-671-0919
Web Site www.town.billerica.ma.us

RENEWAL APPLICATION FOR A HORSE AND BARN PERMIT

Pursuant to Billerica Board of Health Regulations Chapter 5, Section 5.9.001

PLEASE PRINT

DATE _____ **FEE _____**

($25.00 per stable $ 5.00 per horse)

APPLICANT(S) _____
PROPERTY OWNER(S) _____
ADDRESS OF PROPERTY _____
MAILING ADDRESS _____
EMAIL ADDRESS _____
RESPONSIBLE PERSON _____ TELEPHONE # _____
EMERGENCY CONTACT PERSON _____
ADDRESS _____TELEPHONE #_____
NUMBER OF HORSES / PONIES _____

(Consult Inspector of Buildings to determine maximum number of horses allowed per Zoning By-Laws)

By making application to the Board of Health for a Horse and Barn Permit, I/We hereby agree to comply with all applicable laws, rules and regulations. Further, I/We agree to correct any violations of applicable laws, rules or regulations immediately upon notification. Failure to comply with applicable laws, rules, regulations may be cause for administrative action which may include but not be limited to fines, suspension or revocation of permits or other legal action as deemed necessary by the Board of Health.

THIS PERMIT DOES NOT GRANT THE RIGHT TO BOARD HORSES.

Pursuant to Billerica Health Regulations, Chapter 1, Section 1.9.001 this application is subject to a thirty (30) day review and approval period.

LATE RENEWALS WILL BE ASSESSED A LATE FEE IN ACCORDANCE WITH THE MOST CURRENT BOARD OF HEALTH FEE SCHEDULE. LATE FEES ARE EQUAL TO THE ORIGINAL PERMIT FEE. FAILURE TO TAKE APPROPRIATE ACTION TO RENEW PERMITS MAY RESULT IN ADDITIONAL FEES OR FINES TO BE IMPOSED OR OTHER ADMINISTRATIVE ACTION.

Pursuant to Massachusetts General Law Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

RECEIVED

_____
Print Name of Applicant

_____
Signature of Applicant Date

FOR OFFICE USE ONLY

Date reviewed _____

Approved _____Denied _____ (provide notice of reasons on back)

REASONS FOR PERMIT DENIAL