



TOWN OF  
STONEHAM  
MASSACHUSETTS

BOARD OF HEALTH  
35 Central Street  
STONEHAM, MA 02180

Health Department  
781 279-2621  
FAX 781 279-2615

**APPLICATION FOR PERMIT TO KEEP ANIMALS OR FOWL**

Fee: \$5.00

I respectfully make application to the Board of Health for a permit to keep animals as indicated below:

**Indicate number of animals being kept:**

_____	Chinchilla (s)	_____	Horse (s)
_____	Game Bird (s)	_____	Pigeon (s)
_____	Goat (s)	_____	Rabbit (s)
_____	Geese	_____	Sheep
_____	Hen (s)	_____	Other animal (s) of fowl (specify)

**APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Do you own the above property? \_\_\_Yes \_\_\_No (If no, please complete the following section.)

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Name of property owner: \_\_\_\_\_

Address of property owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Do you have permission from the property owner to keep the animals?

Yes\_\_\_\_\_ No\_\_\_\_\_

I have received a copy of the Town of Stoneham's Article III, Animal and Fowl regulations and agree to abide by the terms and conditions set forth.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Return with \$5.00 Fee to: Board of Health  
35 Central Street  
Stoneham MA 02180  
Inquiries: (781) 279-2621

