

Permit #: _____

Fee: \$35.00

Check: # _____

Commonwealth of Massachusetts

Town of Norton
Board of Health

Application for Stable Permit

Name: _____

Stable Name: _____

Stable Address: _____

Day time Phone# _____

Evening Phone # _____

Number of Horses: **Boarded:** _____ **Owned:** _____

Type of Zoning **R80 R60 R40 VC C I**

Describe type of shelter: _____

Are you claiming an exemption for a preexisting building that is currently functioning as a horse stable as of February 7, 1997 (see regulation) **Yes** _____ **No** _____

Year of Incorporation of existence: _____

Describe how the manure will be managed/stored: _____

***If you store manure on the property, please submit a site plan with your application identifying area) of manure storage and/or spreading. Indicate all water supply sources (including private well), wetlands, and tributaries within 200 feet of manure storage area(s).**

The Board of Health requires proof of encephalitis inoculation for BOTH boarded and owned horses. The Board of Health must receive this certification by May 31st. The Board of Health is granted permission to do an inspection at all reasonable time's.

The undersigned recognizes the Rules and Regulations of the Norton Board of Health pertaining to Stable License Regulations.

Declaration: I, _____ as owner/operator hereby declare that the statement and information on the foregoing application are true and accurate to the best of my knowledge and belief.

Signature of Applicant

Date