

**TOWN OF FRANKLIN
HEALTH DEPARTMENT**

ANIMAL PERMIT APPLICATION

Date: _____

Application # _____

Name: _____

Address: _____

Number and Type of Animals: _____

Do you have adequate shelter/fencing for the animals as necessary: Y___N___

Have you received and reviewed a copy of the Board of Health Bylaws relative to the keeping of animals in the Town of Franklin: Y___N___

Have you reviewed relevant Zoning Bylaws with the Zoning Officer: Y___N___

Please describe in detail, your proposed waste/manure removal and odor control plan.

Approval Date: _____

Applicant Signature: _____

Approved By: _____

Telephone Number: _____