



Town of Franklin

HEALTH DEPARTMENT

355 East Central Street

Franklin, Massachusetts 02038-1352

APPLICATION FOR STABLE

PERMIT NO. _____

FEE _____

1. Name of Applicant _____

2. Present Address _____

3. Stable Location _____

4. Number of Horses _____

5. Are you familiar with local regulations? _____

6. How long has Stable been located at this site? _____

7. Have plans for Stable been submitted to Board of Health? (only for Stables, new after Jan. 1, 1966) _____

8. Describe the manure management plan enacted. _____

9. List other animals and amounts: _____

10. How many acres do you have? _____

11. How close will your abutter be to the stable _____ Feet

12. Odor and fly management policy outline. _____

Signature _____

Date _____

Owner/Operator