



Town of Franklin
HEALTH DEPARTMENT
355 East Central Street
Franklin, Massachusetts 02038-1352

New: Y or N
Renewal: Y or N
Calendar year: _____
Fee Amount: 50.00 _____

Application for stable permit

Name of Applicant _____

Present Address _____

Stable Location _____

Number of Horses _____ Are you familiar with local regulations? _____

How long has Stable been located at this site? _____

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

Describe the manure management plan enacted. _____

List other animals and amounts: _____

How many acres do you have? _____

How close will your abutter be to the stable _____ Feet

Odor and fly management policy outline. _____

Signature _____

Owner/Operator

Date _____