TOWN OF SOUTHBOROUGH - BOARD OF HEALTH
STABLE PERMIT APPLICATION

FEE _____ **$25.00**
RENEWAL _____
NEW _____
PERMIT # _____
DATE ISSUED _____

APPLICANT _____

ADDRESS _____

PHONE # _____

LOCATION OF STABLE _____

ASSESSOR MAP\LOT #__________

PROPERTY OWNER NAME _____

PROPERTY OWNER ADDRESS _____

PHONE #_____

AREA OF PLOT _____ **NUMBER OF HORSES**_____

SKETCH ON BACK OF THIS APPLICATION, OR PROVIDE A SEPARATE SHEET SHOWING A PLOT PLAN AND FLOOR PLAN OF THE PROPOSED STABLE. INCLUDE ALL INFORMATION REQUESTED IN SECTION V OF THE REGULATIONS.

HOW DO YOU PLAN TO STORE AND REMOVE MANURE?

_____

_____

_____

SIGNATURE _____ **DATE**_____

① **A check or money order payable to the Town of Southborough in the amount stated above must accompany application.**

REVISED 12/95