

Date Received: _____

Check #: _____

FEE: \$25.00

Permit #: _____

ABOVE FOR OFFICE USE ONLY



CITY OF CHICOPEE BOARD OF HEALTH
APPLICATION TO KEEP RESIDENTIAL LIVESTOCK
2021

Chicopee Health Department
115 Baskin Drive, Chicopee, MA 01020
(413) 594-3557

Name: _____ Date: _____

Address: _____ Phone: _____

Deeded Acres: _____ Email: _____

Please list the number and type of animals being kept on the property. If additional space is needed use back side of application.

Type	Number	Type	Number	Type	Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I hereby agree to adhere to the rules and regulations set forth by the City of Chicopee for the keeping of residential livestock.

Signature of Applicant

Date

CHECK OR MONEY ORDER ONLY

MAKE PAYABLE TO: THE CITY OF CHICOPEE

NO REFUNDS

Livestock Inspection Section

(To be completed at time of inspection)

Inspection Date: _____

Inspector Signature

Permit Holder Signature