

Date Received: _____

Check #: _____

Fee: **\$25.00**

Permit #: _____

ABOVE FOR OFFICE USE ONLY



CITY OF CHICOPEE BOARD OF HEALTH
APPLICATION FOR KEEPING OF ANIMALS
2022

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

Name _____ Date _____

Address _____ Phone _____

Email _____

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

<u>Type</u>	<u>Number</u>	<u>Type</u>	<u>Number</u>	<u>Type</u>	<u>Number</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

Apply online at: permiteyes.us/chicopee/loginuser.php

Livestock Inspection Section

(To be completed at time of inspection)

Deeded Acres _____

Ward _____

Inspection Date: _____

Inspector Signature

Permit Holder Signature