

TOWN OF CLINTON

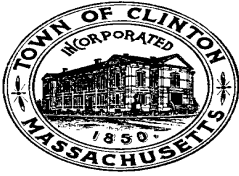
Board of Health

242 Church Street

Clinton, Massachusetts 01510

Tel: (978) 365-4116

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CHICKEN/FOWL PERMIT APPLICATION

Date Submitted:
Fee: \$50.00
Date Inspected:
Date Approved:
License/Permit Number:

Length of Permit (2 years):

Expires: _____

Name: _____

Address: _____

Telephone: _____ **Email:** _____

- **If the residence is rented, a letter from the owner granting permission to obtain a License is required.**

Type and Number of Fowl: _____

Type of Housing Structure: _____

Signature of Applicant

Date

- **Approval of this application is subject to an inspection by the Board of Health.**
- **Any structure over 200 ft. requires a Building Permit.**