



**CITY OF PEABODY  
DEPARTMENT OF HEALTH  
AND HUMAN SERVICES**  
24 Lowell Street  
Peabody, Massachusetts 01960  
(978) 538-5926  
Fax: (978) 538-5990

**BOARD OF HEALTH**  
BERNARD H. HOROWITZ, CHAIRMAN  
THOMAS J. DURKIN III  
LEIGH ANN MANSBERGER, MD, MPH

SHARON CAMERON  
DIRECTOR

**RENEWAL APPLICATION FOR PERMIT TO KEEP CERTAIN ANIMALS**

**Chapter 6, Section 6-1, Code of the City of Peabody**

No person shall keep or allow to be kept upon any premises in his possession within the city, horses, swine, sheep, goats, fowl and cows, without first securing a permit from the Board of Health. Such permit shall expire annually on January 1 unless revoked.

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Address where animals will be kept \_\_\_\_\_

Contact Number \_\_\_\_\_

Contact Email \_\_\_\_\_

**Type and number of animals to be kept on premises**

\_\_\_\_\_

Check all that apply:

Stable \_\_\_\_\_ Barn \_\_\_\_\_ Coop \_\_\_\_\_ Pen \_\_\_\_\_ Other \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filled all state tax returns and paid all state taxes required under law.

I have read the City of Peabody Code and Guidelines regarding the keeping of animals and understand the requirements as outlined. I understand that failure to comply with these requirements and failure to prevent a public health nuisance may result in revocation of my Permit to Keep Animals.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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-----Office use only-----

*Date application received:* \_\_\_\_\_

*Fee (\$50.00) received:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Inspection date(s):* \_\_\_\_\_

*Application approved date:* \_\_\_\_\_

*Stipulations:* \_\_\_\_\_

*Application denied date:* \_\_\_\_\_

*Application initiated as a result of complaint? Yes No*