



TOWN OF YARMOUTH

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Board of
Health
-
Health
Division

APPLICATION FOR OPERATION - 2020 POULTRY

PLEASE COMPLETE ALL QUESTIONS

E-MAIL _____

NAME _____ HOME TEL. NO. _____

LOCATION ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

NUMBER OF FOWL _____ NUMBER OF PENS/COOPS _____ NUMBER OF ROOSTERS

**PLEASE NOTE: PLEASE DO NOT INCREASE THE NUMBER OF FOWL
WITHOUT PRIOR PERMISSION OF THE HEALTH DEPARTMENT.**

TYPE OF SHELTER _____ SIZE OF YARD/PEN AREA _____
(WOOD, CONCRETE, ETC.)

NUMBER OF WATER OUTLETS _____ WATER TROUGHS _____

TYPE OF STORAGE FACILITY USED FOR FEED/GRAIN _____

TYPE OF FACILITY USED FOR MANURE STORAGE _____

METHOD OF DISPOSAL OF MANURE _____ HOW OFTEN _____

PEN AREA ENCLOSED BY WHAT TYPE OF FENCING? _____

____ RENEWAL
____ NEW APPLICATION - **IF NEW APPLICATION, PLEASE ATTACH A COPY OF PLOT PLAN SHOWING LOT
LINES AND LOCATION OF STABLE, PEN, ETC., AND ALL ENCLOSURES. ALSO, A
WRITTEN LETTER OR STATEMENT, SIGNED BY ALL ABUTTERS TO PROPERTY.**

Town of Yarmouth taxes and liens must be paid prior to renewal or issuance of your permits.
Please check appropriately if paid: Yes _____ No _____

SIGNATURE _____ DATE _____

THE FULL POULTRY COUNT IS NOT TO EXCEED THE AMOUNT OF PRIOR YEAR'S TOTAL.

FEES: _____ POULTRY: 1-9 chickens \$30.00
10 or more Chickens \$40.00
____ ROOSTER (NOTE: SPECIAL APPROVAL REQUIRED FOR ROOSTERS)
____ NO ROOSTER

TOTAL DUE: \$ _____