



**CITY OF PEABODY  
DEPARTMENT OF HEALTH  
AND HUMAN SERVICES**  
24 Lowell Street  
Peabody, Massachusetts 01960  
(978) 538-5926  
Fax: (978) 560-0984

**BOARD OF HEALTH  
THOMAS J. DURKIN III,  
CHAIRPERSON  
ANTHONY CARLI  
JULIA FLEET, D.O.**  
  
**SHARON CAMERON  
DIRECTOR**

**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 \_\_\_\_\_

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

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

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

For lots under 10,000 square feet in size, a maximum of six (6) hens will be permitted.  
For lots between 10,000 – 21,000 square feet in size, a maximum of ten (10) hens will be permitted.  
For lots over 21,000 square feet in size, a maximum of fifteen (15) hens will be permitted.

Please respond to the following questions. The Massachusetts Department of Agricultural Resources Division of Animal Health has posted best management practices at <http://www.mass.gov/agr/animalhealth/>. :

1. Is the applicant the sole owner of the property where animals will be kept? YES/NO
2. If no, please provide signed written statements from all property owners granting permission for the keeping of animals.
3. What is the size of the property lot in square feet? \_\_\_\_\_

**ANIMAL HOUSING/ PEN:**

1. Location
  - a. Will the housing/pen enclosure be in the rear yard of the property? YES/NO
  - b. Will the housing/pen enclosure be at least five (5) or ten (10) feet from all property lines? YES/NO

May 2018



**CITY OF PEABODY  
DEPARTMENT OF HEALTH  
AND HUMAN SERVICES  
24 Lowell Street  
Peabody, Massachusetts 01960  
(978) 538-5926  
Fax: (978) 560-0984**

**BOARD OF HEALTH  
THOMAS J. DURKIN III,  
CHAIRPERSON  
ANTHONY CARLI  
JULIA FLEET, D.O.  
  
SHARON CAMERON  
DIRECTOR**

- c. Will the housing/pen enclosure be at least 15 feet from existing residences on adjacent lots? YES/NO
- d. Will the housing/pen enclosure be located at least 200 feet from the high water mark of any known source of drinking water supply, and at least 50 feet from any drinking water well? YES/NO
- e. Has a building permit been obtained, if required, for the construction of the housing? YES/NO
- f. Will the housing/pen enclosure interfere with any utility or other feature of the property that needs suitable access? YES/NO
- g. Will the housing/pen enclosure be located in a well-drained area that does not discharge to a public way or neighbor's property? YES/NO
- h. Please provide a plot plan drawn to scale depicting all of the following: all structures on property, all structures on abutting properties, and proposed locations of the housing/pen enclosure, composting/manure storage and food storage.

2. Construction

- a. What are the dimensions of the structure housing the animals? \_\_\_\_\_
- b. What is the minimum amount of interior floor square footage for each animal? \_\_\_\_\_
- c. What is the minimum amount of exterior pen square footage for each animal? \_\_\_\_\_
- d. Will the housing/pen enclosure be securely constructed in a manner that excludes predators and pests, including those that fly, burrow and reach? YES/NO
- e. Will the pen enclosure have a predator- and pest-proof material across the top? YES/NO
- f. Will the housing provide protection from the elements as needed? YES/NO
- g. Will the housing be constructed in such a manner and with such materials that allow for effective weekly cleaning? YES/NO
- h. Describe any fencing as well as other sound and sight barriers to structure:  
\_\_\_\_\_



**CITY OF PEABODY  
DEPARTMENT OF HEALTH  
AND HUMAN SERVICES**  
24 Lowell Street  
Peabody, Massachusetts 01960  
(978) 538-5926  
Fax: (978) 560-0984

**BOARD OF HEALTH  
THOMAS J. DURKIN III,  
CHAIRPERSON  
ANTHONY CARLI  
JULIA FLEET, D.O.**  
  
**SHARON CAMERON  
DIRECTOR**

- i. On a separate page, please provide a detailed description of the housing/ pen enclosure, including square footages and photographs if possible.

3. Maintenance

a. Will the feed be securely stored in a rodent- and pest-proof container? YES/NO

b. Will the feed leftover from feeding remain in an area accessible to rodents and pests past dusk? YES/NO

c. If weather is too cold, or composting is otherwise not possible, will there be a sealable container for waste to be stored until disposal? YES/NO

d. If composting is possible, how and where will waste be composted with carbonaceous material such as hay, bedding, or leaves? Please identify composting/ manure storage location on required plot plan.

---



---



---

e. What measures will be taken to prevent the buildup of pests or rodent populations due to the presence of animals on the property? Please note that the Board of Health may require the permit holder to obtain a periodic survey and/or treatment by a licensed pest control professional in locales with a history of pest complaints.

---



---



---

f. Please provide a separate detailed written maintenance plan describing the following: cleaning practices and schedule for the housing/pen enclosure and feed and water containers; which anti- bacterial/viral cleaning solution will be used; which bedding material will be used in the housing and at which depth it will be provided; how frequently the bedding material will be composted; and any other appropriate nuisance (odor & noise) prevention measures that will be taken.

**II. ANIMALS:**

1. Animal keeper

a. Will the animal keeper be taking, or has the animal keeper taken, a class in keeping animals? YES/NO  
If yes, please provide a copy of a certificate of completion from an animal-keeping course.

b. Will there be a knowledgeable person in charge to care for the animals during vacations or extended leaves? YES/NO



**CITY OF PEABODY  
DEPARTMENT OF HEALTH  
AND HUMAN SERVICES  
24 Lowell Street  
Peabody, Massachusetts 01960  
(978) 538-5926  
Fax: (978) 560-0984**

**BOARD OF HEALTH  
THOMAS J. DURKIN III,  
CHAIRPERSON  
ANTHONY CARLI  
JULIA FLEET, D.O.  
  
SHARON CAMERON  
DIRECTOR**

2. Source

a. Where will the animals be acquired from and what documentation will be provided?

---

---

b. For chickens, will the hens be acquired from S. pullorum clean sources from National Poultry Improvement Plan (NPIP) participants? YES/NO

3. Health & Disease Concerns

a. Will the animals be vaccinated from any communicable diseases? YES/NO  
If yes, from what? \_\_\_\_\_

b. Will newly acquired animals be isolated from healthy resident animals? YES/NO  
If yes, where and for how long? \_\_\_\_\_

c. For chickens, will the hens be separated from wild migratory fowl at all times? YES/NO

d. What will be done with an animal if it dies? \_\_\_\_\_

---

To complete this application the following materials must be provided:

- If applicant is not sole property owner, signed written statements from all property owners granting permission for the keeping of animals
- Plot plan drawn to scale depicting all of the following: all structures on property, all structures on abutting properties, proposed locations of the housing/pen enclosure, composting/manure storage and food storage, and distance of housing and pen from property lines and existing adjacent residences. The BOH reserves the right to require the applicant to provide a plot plan certified by a professional engineer or land surveyor to resolve any questions or disputes relating to the conformance of the placement of the housing and pen with any and all relevant property setbacks and zoning bylaw requirements.
- Written maintenance plan and description of housing/pen enclosure
- Copy of certificate of completion from an animal-keeping course if applicable
- Pest Control survey of property completed by a licensed Pest Control Operator

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.



**CITY OF PEABODY  
DEPARTMENT OF HEALTH  
AND HUMAN SERVICES**  
24 Lowell Street  
Peabody, Massachusetts 01960  
(978) 538-5926  
Fax: (978) 560-0984

**BOARD OF HEALTH  
THOMAS J. DURKIN III,  
CHAIRPERSON  
ANTHONY CARLI  
JULIA FLEET, D.O.**  
**SHARON CAMERON  
DIRECTOR**

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: \_\_\_\_\_

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

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

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

*Date of abutter notification:* \_\_\_\_\_

*Date of public hearing:* \_\_\_\_\_

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

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

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

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

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