



TOWN OF HARWICH

BOARD OF HEALTH

732 Main Street, Harwich MA 02645

508/430-7509 Fax: 508/430-7531

Email: health@town.harwich.ma.us

FOR BOARD OF HEALTH USE ONLY

Date Rec'd: _____ Amt. _____

Pymt. Type: _____ W/C

Reviewed by initials: _____

Stable Permit Application

| | |
|--|----------------|
| New* _____ *New applicants must meet with Health Director prior to application filing. | |
| Renewal _____ If renewal, year license was first issued: _____ | |
| Business Name (if applicable-Commercial Stables only) | |
| Owner Name: | |
| Street Address: | Email Address: |
| Mailing Address (if different): | |
| Telephone No.: | Fax No.: |
| Cell Phone No.: | |
| If any changes have occurred since our last review, please describe: _____ _____ | |
| TYPE OF PERMIT – Fee Schedule: | |
| <input type="checkbox"/> Stable – Residential | \$ 30.00 |
| <input type="checkbox"/> Stable – Commercial | \$ 50.00 |
| Are you a commercial or residential barn? | |
| Do you qualify under MA 128 1A? (Y / N) | |
| Lot Size (in square feet or acres): | |
| Map and Parcel #: | |
| Number of horses to be stabled: | |
| Stable / Barn size: | ft. X ft. |

(REQUIRED FOR NEW PERMITS OR CHANGES TO EXISTING PERMITS ONLY)

Site Plan Requirements:

This drawing shall consist of a 'to scale' site plan of the property, no less than 1" = 30' which outlines at a minimum: lot lines; all structures clearly labeled; location of paddocks / pastures; location of fencing; water supply lines and/or wells; wetlands; manure storage facility.

(REQUIRED FOR NEW PERMITS OR CHANGES TO EXISTING PERMITS ONLY)

Stable Interior Floor Plan:

A 'to scale' drawing of the stable interior shall consist of a detailed floor plan of the stable including dimensions, window sizes, and water sources.

(REQUIRED FOR NEW PERMITS OR CHANGES TO EXISTING PERMITS ONLY)

Manure Management Plan:

In order to minimize insect / vector and odor nuisances and to eliminate sources of groundwater and wetland contamination each applicant and permit holder shall develop and follow an acceptable manure management program. The written plan shall address the following:

- What materials make up the small floors? (clay hardening, stone dust, pellets, mats, etc. list all items)
- How often are the stalls 'mucked out'?
- Where is it stored? Is it off the ground?
- How often are the paddocks 'mucked'?
- If you have a grass pasture, how often is that 'mucked'?
- What is the final disposal place for the manure?
- How often is the manure removed from the property?

The information in this application is accurate and true to the knowledge of the applicant. The manure management plan will be followed as specified. Any variation to the agreed plan must be approved by the granting authority.

To Be Read By All Applicants:

If any applicant fails to follow agreed manure management plan, the granting authority shall notify the applicant by certified mail of such non-compliance and allow thirty days from said notice to alter the application and seek approval.

After the thirty day period, the granting authority may revoke the stable permit for non-compliance and notify other agencies of such action. Applicant may be subject to fines and penalties.

Pursuant to MGL Chapter 62C § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required by law.

Signature of Applicant: _____ **Date:** _____

Social Security Number or Federal ID: _____

-----**For Administrative Use**-----

Approved by: _____ Date: _____

Maximum number of horses permitted on property: _____

If denied, state reason:

Restrictions, variances, and / or other condition: _____

