



# Town of Boxford

7A Spofford Road  
Boxford, Massachusetts

Board of Health  
[978] 887-6000 Ext 172

## Application For A Stable

FEE: \$10.00

OWNER'S NAME: \_\_\_\_\_  
OWNER'S ADDRESS: \_\_\_\_\_  
OWNER'S TEL: \_\_\_\_\_  
SIZE OF LOT: \_\_\_\_\_  
NUMBER OF HORSES: \_\_\_\_\_

### Manure Storage Handling and Disposal Plan:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drawing as required in Section 203-3C is attached (yes or no): \_\_\_\_\_

I have received a copy of Chapter 203 Stable Licensing Regulation 2-88 (as revised), Rules and Regulations for the licensing of Stables in the Town of Boxford, and M.G.L ch 272 s. 77 and 78A.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

### Approved/Disapproved:

Board of Health: \_\_\_\_\_

Signature and Date

License Number Issued \_\_\_\_\_ Date \_\_\_\_\_ Copy to Animal Inspector \_\_\_\_\_

Expiration Date \_\_\_\_\_ Lic/Stable