



Town of Southborough

Board of Health

9 Cordaville Road, Lower Level
Southborough, MA 01772-1662

Phone: (508) 481-3013
Fax: (508) 229-2580

Application for Stable Permit

FEE: \$25

New Application

Renewal

Applicant _____

Address _____

Phone _____

Stable Location _____ Assessor Map/Lot _____

Property Owner Name _____

Property Owner Address _____

Phone # _____

Area of Plot _____ Number of Horses _____

Sketch on the back of this application or provide a separate sheet showing a plot plan and floor plan of the proposed stable. Include all information requested in Section V of the regulations.

How do you plan to store and remove manure?

Signature _____ Date _____

A check or money order payable to the Town of Southborough in the amount stated above must accompany this application.

FOR OFFICE USE ONLY

Fee _____ Check # _____

Permit Number _____ Date Issued _____

Notes: _____