

Date Rcvd \_\_\_\_\_

Check # \_\_\_\_\_

Fee: **\$25.00**

Permit # \_\_\_\_\_

ABOVE FOR OFFICE USE ONLY



CITY OF CHICOPEE BOARD OF HEALTH  
APPLICATION FOR  
**KEEPING OF ANIMALS**  
**2023**

Chicopee Health Department  
115 Baskin Drive, Chicopee, MA 01020  
(413) 594-3557

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Please list the number and type of livestock being kept on the property. If additional space is needed use back side of application.

<u>Type</u>	<u>Number</u>	<u>Type</u>	<u>Number</u>	<u>Type</u>	<u>Number</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I hereby agree to adhere to the rules and regulations set forth by the City of Chicopee for the keeping of residential livestock.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

CHECK OR MONEY ORDER ONLY

MAKE PAYABLE TO: THE CITY OF CHICOPEE

NO REFUNDS

Apply online at: [permiteyes.us/chicopee/loginuser.php](http://permiteyes.us/chicopee/loginuser.php)

**Livestock Inspection Section**

(To be completed at time of inspection)

Deeded Acres \_\_\_\_\_ Ward \_\_\_\_\_

Inspection Date: \_\_\_\_\_

\_\_\_\_\_  
Inspector Signature

\_\_\_\_\_  
Permit Holder Signature