



Department of Municipal Licenses and Inspections

Mary E. McGrath, R.S., Director
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Health Division Telephone: 781-794-8090 Fax: 781-794-8098

Joseph C. Sullivan
Mayor

2009 ANIMAL PERMIT RENEWAL APPLICATION

Property Owner Name: _____

Property Owner Address: _____

Property Owner's Contact Telephone Numbers: _____

Type and number of animal(s): _____

Variances requested: _____

If variance is requested and subsequently approved by the Department of Public Health, the property owner releases the Department of Public Health and its agents from any harm or any potential liability, which could be caused by the granting of said variance.

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the operation will comply with the Braintree Department of Public Health-Keeping of Animals regulations, and all other applicable laws.

Signature of Owner: _____ **Date:** _____

FOR DEPARTMENT OF PUBLIC HEALTH USE ONLY

Date Received: _____

Date Inspected/Reviewed: _____

Date Approved: _____

Permit Number: _____

Health Agent Initials: _____

