

## **TOWN OF LUDLOW**

## HEALTH DEPARTMENT

488 Chapin Street Ludlow, MA 01056 (413) 583-5600 ext. 1271 TEL (413) 583-5689 FAX



<b>Application for Piggery</b>				
<u>Fee:</u> \$40.00				

Name of Permit Applicant:			Date:	
Address of Applicant:		I	Email:	
24 Hour Contact Phone Number:				
Address where pigs will be housed:	1			
Owner of Property				
Number of Pigs (over 10 weeks old) to be Housed:				
Are pigs being raised for commercial sale of meat:	YES	NO		
Please provide a written description on how you plan	on handli	ng the follov	ving:	

Manure Management

**Storage of Feed** 

Pest/Rodent Management

On backside of this form, please sketch an outline of property showing the location of the Pig Pen. Give distance from pen to other buildings and lot lines or boundaries.

I hereby certify that I am an owner or officer of the above property or Business and all of the information provided is true. I agree to comply with all applicable rules and regulations. I agree to allow the Health Department or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

Print Name of Applicant

Signature of Applicant

\*\*\*Any renewal application received after December 31<sup>st</sup> will be subject to a 50% late fee.