



TOWN OF MILLIS

BOARD OF HEALTH

900 Main Street • Millis, MA 02054

Phone: 508-376-7042

Application to Raise Domesticated Fowl or Rabbits

Applicant Name _____

Address _____

Phone # _____ Email _____

Property Owner Name _____

Address _____

Phone # _____

Signature of Owner if different than Applicant: _____

Type of Animals _____

Maximum Number of Adult Animals _____

Size of Enclosure _____ Size of Coop or Hutch _____

Each application must include the following:

- A sketch of the lot showing existing lot line information, exiting dwelling location, existing water service location, existing well location, existing on-site septic location, existing easements and existing parking areas. Sketch must also include the location of private wells within 100 feet of the proposed fowl/rabbit enclosure or a note stating that there are no private wells within 100 feet of the animal enclosure.
- Sketch shall include detail (dimensions and location) of the proposed fowl or rabbit enclosure and shelter, animal food storage location and temporary waste storage area and/or composting area.
- **There must be 10 square feet of open area per animal in an enclosed area and coop must have a minimum of 2 square feet per animal.**
- Abutter's list obtained from the BOH Office identifying each direct abutter to the property for which the application is being made

- Written notice (BOH will give you example letter) to abutters stating the applicant's intent to raise or keep domesticated fowl or rabbits. Notice must include the number of fowl or rabbits and a sketch of coop location. This list must be sent to abutters via certified and registered mail at applicants cost.
- After 14 business day's of mailing out letter(s), please bring certified paid receipts to the BOH office so permit process can be completed.

I have read the regulations governing the raising of domesticated fowl or rabbits and I understand and agree to the requirements. I further understand that the Health Department may conduct periodic inspections of my facility.

Signature of Applicant: _____