



Town of Ludlow Board of Health
488 Chapin Street
Ludlow, Ma 01056
(413) 583-5600 x1271

Application for Piggery

Fee: \$40.00

Name of Permit Applicant: _____ Date: _____

Address of Applicant: _____ Email: _____

24 Hour Contact Phone Number: _____

Address where pigs will be housed: _____ 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 handling the following:

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 Board of Health 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 31st will be subject to a 50% late fee.

DEPARTMENT HEAD

FOR OFFICE USE ONLY

DATE

APPROVED DENIED

NOTES: