

PERMIT # _____ FEE _____ RECEIVED DATE _____ CHECK # _____



Town of Granby
215B West State Street
Granby, MA. 01033
413-467-7174
413-467-3101 Fax
boh@granbyma.org

Dear Licensee:

YOU MUST COMPLETE, SIGN AND PRESENT OR MAIL THIS FORM WITH YOUR REMITTANCE The Board of Health office is located at 215B West State Street, Granby, MA. 01033, and our office hours are Monday – Friday 9:00 a.m. to 1:00 p.m.

Thank you,
Granby Board of Health

Name of Business: _____
(Print)

Phone: _____
Cell: _____

Owners Name: _____
(Print)

Mailing Address: _____

City, State, Zip: _____

Business Address if different from mailing address: _____

Number of Pigs: _____

Number of Sows: _____

Number of Feet to nearest Dwelling: _____

Number of Feet to nearest water supply or brook: _____

PIGGERY PERMIT.....\$50.00

***ALL ANNUAL PERMITS EXPIRE DECEMBER 31.**

*** PAYMENT IS DUE WITH THIS APPLICATION.**

Signature of Owner or Applicant and Title: _____

Date: _____

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