



TOWN OF WATERTOWN

Board of Health
Administration Building
149 Main Street
Watertown, MA 02472
Phone: 617-972-6446
Fax: 617-972-6499
www.watertown-ma.gov

2021 RENEWAL APPLICATION KEEPING OF HENS/HONEY BEES

Dear Applicant,

Please be advised that your Permit for Keepings Hens/Honey Bees in Watertown will expire on December 31, 2020 and you will need to complete the attached application to renew your Permit. Please find enclosed the 2021 Application for Keeping of Hens/Honey Bees. Also, please take the time to review the application requirements.

What do you need to submit for permit renewal?

- Completed Renewal Application for Keeping of Hens/Honey Bees
- Correct Permit Fee(s), checks payable to “**Town of Watertown**”, see application.
 - Keeping of Hens/Honey Bees Permit Fee **\$25.00**

What is the deadline for submitting all applications?

- Applications and other documentation must be received **prior to December 31, 2020**. A late fee of **fifty dollars (\$50.00)** will be assessed for non-submittal of all applications and/or incomplete application packets. Please note that missing information may cause a delay in the permit renewal process.

What are the Health Department hours?

- Monday to Friday 8:30 AM to 5:00 PM.

Thank you for your time to review all of this information and for ensuring that your application is submitted as soon as possible. If you have any questions, please contact this office at (617) 972-6446.

Sincerely,

Larry Ramdin, MPH, MA, REHS, CP-FS, CHO HHS
Director of Public Health

Cc: File



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RENEWAL APPLICATION KEEPING OF HENS / HONEY BEES

Name of Applicant: _____

Address of Applicant: _____

Telephone of Applicant (Home/Office/Cell): _____

E-mail of Applicant: _____

Location of the premise (hen house or bee hive) used for keeping hens or honey bees: _____

Number of Hens: _____ Number of Bee Hives: _____

Annual Application fee: **\$ 25.00**. Please make checks payable to "Town of Watertown."

I have read and understand the requirements of the Board of Health's *Keeping of Hens and Honey Bees Regulation*. I certify that the above information is correct. This renewal will not require a hearing unless the Board of Health is required to address a complaint or I have made a modification to my original approved application.

Signature of Applicant _____ Date: _____

For Office Use:

Date Application Received: _____ Fee Paid: _____

Application Complete: _____ Annual Inspection Date: _____

Review Comments: _____

Permit Approved: _____ CEHO Approval: _____

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Inspection Checklist for Hens

Name _____ Permit # _____

Address _____

	In Compliance	Out of Compliance
Number of Hens _____	_____	_____
Location of Facility _____	_____	_____
Hen house (coop) ten feet from primary dwelling	_____	_____
Hen house 35 feet from neighbors' primary dwelling	_____	_____
Hen house ten feet from side and rear lot lines	_____	_____
Hen house provides 3 sq. ft. floor space per hen	_____	_____
Pen provides 10 sq. ft. of pervious surface per hen	_____	_____
Hardware cloth floor or two feet hardware cloth side barrier dug in all around pen	_____	_____
Pen and coop not blocking utilities	_____	_____
Top and sides of pen are totally enclosed	_____	_____
Height of pen is 8 ft. or less	_____	_____
Potable water is readily available	_____	_____
Hen house and pen are sanitary without odor	_____	_____
Food storage in rodent-proof container	_____	_____
Waste is stored and disposed of properly	_____	_____

Comments: _____

Signature of Inspector _____ Date of Inspection _____