

REGULATION FOR THE KEEPING OF ANIMALS

AUTHORIZATION

This Regulation is promulgated pursuant to the authority granted to the Canton Board of Health under Massachusetts General Laws Chapter 111, §31.

The Canton Board of Health has voted to institute this Regulation For The Keeping Of Animals (Regulation) to regulate the keeping of animals in the Town of Canton:

REGULATION

No animal, other than domesticated cats, dogs and fish, may be kept within the boundaries of the Town of Canton without the owner first obtaining a permit from the Canton Board of Health (Board). The initial permit shall only be issued after a hearing has been conducted by the Board of Health to consider all factors in issuing such a permit.

All species of animals subject to this Regulation kept in Canton by an individual owner shall be listed on the permit application.

It is the responsibility of the animal's owner to keep the information listed on the permit application (Application) current at all times.

Dogs shall continue to be licensed pursuant to the jurisdiction of the Canton Town Clerk's Office, however dogs and cats shall possess current rabies vaccination status at all times pursuant to State statutes.

Owners of animals permitted under this Regulation shall keep their animals in a safe, sanitary and humane condition as determined solely by the Board and shall maintain their animals according to the submitted plans and the provisions of this Regulation at all times.

Only if caged and kept indoors, the following animals are exempt from the provisions of this Regulation which requires an owner to obtain a permit for certain animals, unless otherwise directed by the Board of Health for reasons related to public health. This exemption applies only to this Regulation and does not apply to any other local, State or Federal regulations or statutes.

1. Mice, rats, gerbils, hamsters, moles, and voles
2. Squirrels and chipmunks
3. Rabbits and guinea pigs
4. Non-poisonous reptiles weighing less than 3 pounds (turtles and snakes are not included in this exemption except for local grass snakes and garter snakes)
5. Fish
6. Non-protected amphibians
7. Budgies (parakeets), psittacines (parrots), finches, canaries, cockatoos and cockatiels

Exempted animals may be added to or deleted from this list after due consideration and by a vote of the Board. The Board may, at its own discretion, issue variances for exemption to animals not included on this list in individual cases if requested to do so in writing by an animal owner.

No animals of any kind that are listed federally or by the Commonwealth of Massachusetts as rare or endangered or that are protected under State or Federal law are exempt from this regulation.

PERMIT APPLICATION

Applications for permits for animals other than dogs, cats or fish must include:

1. A complete description (breed, species, sex, and breeding status) of the animals intended to be kept, including the numbers thereof.
2. A plan for the proposed method of storage and disposal of animal wastes, including contingencies. The plan shall include detailed steps, agreeable to the Board, which will describe how such storage and disposal will prevent the creation of a public nuisance including, but not limited to odors, flies, and/or other vermin.
3. A plan for feeding, caging and fencing, as well as the building(s) or shelter(s) used to house the animals. This plan shall include a calculation of the total area dedicated exclusively for the use of the animal(s) to be permitted, as well as a calculation of the average area allotted to each animal if more than one animal is to be permitted.
4. A detailed plot plan showing the location and use of all buildings on the property where the animals will be kept, the areas to which the animals are restricted, the location of the animal waste storage and disposal areas (if located on the property). It shall also show the distance to all contiguous abutting property and buildings from the location of where the animals and animal waste will be kept. Manure and animal waste shall be stored a minimum of fifty (50) feet from any property lines.
5. A description of the method of restraint if the animal is to be periodically removed from its dedicated area.
6. Any written concerns or past complaints from abutters regarding the keeping of animal(s) at the subject location described in the application.
7. Proof (return receipt) that all abutting neighbors have received written notice by certified mail at least seven (7) days prior to the hearing before the Board of Health for which said hearing is to be conducted to consider a permit to keep animals.
8. Appropriate documentary evidence that the requirements for inoculations and/or other medications, as required by State and Federal regulations, are met and are current.
9. A written agreement from the animal owner to:
 - A.) allow a yearly inspection of facilities to be conducted by the Animal Inspector.
 - B.) vaccinate against rabies if an appropriate vaccine is available, all fur bearing animals, including livestock (non-domestic animals), having, or potentially having, contact with humans in areas where rabies is epizootic, and to keep all such animals' vaccinations current.
 - C.) vaccinate against all other zoonotic diseases as determined necessary for individual species by the Massachusetts Department of Agricultural Resources, Bureau of Animal Health, and to keep all such animals' vaccinations current.
10. Any recommendations or comments from the Animal Inspector regarding concerns related to the welfare or health of the animal(s).

FEE

A fee of twenty-five dollars (\$25) shall be charged for each permit issued under this Regulation.

EXPIRATION

Permits will be issued for up to two (2) years under this Regulation and shall expire on December 31st of each evenly numbered year.

SUSPENSION OR REVOCATION

Said permit may be suspended or revoked by the Board at any time for cause. If a permit is revoked, animals must be removed within five (5) days from the date of notice of revocation. Failure to comply may result in the Board taking whatever action it deems necessary to ensure public health, at the owner's expense and may result in other legal action being taken by the Board if necessary.

FAILURE TO COMPLY WITH AN ORDER

Any person who fails to comply with any part of this Regulation shall be fined twenty-five dollars (\$25) for the first violation, fifty dollars (\$50) for the second violation and one hundred dollars (\$100) for a third violation. Each day of non-compliance with this Regulation shall constitute a separate violation.

APPEAL

Any person aggrieved by enforcement of this Regulation may request a hearing in writing before the Board of Health within fourteen (14) days of being notified of an enforcement action being taken. The Board may sustain, modify or vacate the order and shall notify the appellant in writing of its decision.

VARIANCE

The Board of Health may vary any provision of this Regulation for an individual permit because of hardship, upon written request by the proponent of the permit, at the sole discretion of the Board of Health provided the permit proponent demonstrates to the Board that such a variance will not diminish the protection to public health or the environment that would have been achieved had said provision(s) not been varied.

SEVERABILITY

This Regulation is severable. If any section of this Regulation is found to be invalid, such invalidity shall not affect the remaining portions of this Regulation, which shall remain in full force and effect.

ENFORCEMENT

This Regulation may be enforced pursuant to the provisions of, MGLc 40, § 21D. For the purpose of enforcement, the Director of Public Health, any Agent of the Board of Health and the Canton Animal Control Officer are designated as the enforcing agents.

THE COMMONWEALTH OF MASSACHUSETTS
CANTON BOARD OF HEALTH
79 PLEASANT STREET
CANTON, MA 02021
(781) 821-5021

****APPLICATION FOR LICENSE KEEPING OF ANIMALS ****

LICENSING PERIOD: _____ – DECEMBER 31, 20____
Date

DATE: _____

FEE: \$25.00

“TO THE LICENSING AUTHORITY: THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT/LICENSE IN ACCORDANCE WITH THE PROVISIONS OF THE STATUTES RELATING THERETO”, PERSON, FIRM OR CORP. MAKING APPLICATION:

PERSON, FIRM, CORP. NAME: _____

PERMIT/LICENSE TYPE: **KEEPING OF ANIMALS** (OTHER THAN DOMESTICATED Cats, Dogs & Fish)
LICENSING PERIOD: _____ – DECEMBER 31, 20____

Date

LOCATION: _____

TYPES & QUANTITY OF EACH ANIMAL KEPT ON LOCATION:

PHONE: _____

NOTES: _____

RESTRICTIONS: _____

MAILING ADDRESS: _____

“IN ACCORDANCE WITH THE RULES AND REGULATIONS MADE UNDER THE AUTHORITY OF SAID STATUTES, I _____ (signature of applicant) CERTIFY UNDER PENALTY OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.”

SIGNATURE OF INDIVIDUAL, OR CORP, NAME: _____
BY CORPORATE OFFICER: _____
SOCIAL SECURITY NO. OR FEDERAL INFO NO: _____

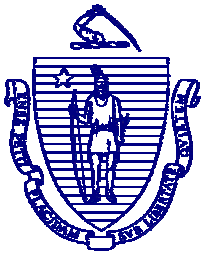
***PERMIT/LICENSE WILL NOT BE ISSUED UNLESS CERT. CLAUSE IS SIGNED.
*PAYMENT IS DUE WITH THE APPLICATION/CHECKS PAYABLE TO TOWN OF CANTON
*YOUR SOCIAL SECURITY NUMBER WILL BE FURNISHED TO THE MASSACHUSETTS DEPARTMENT OF REVENUE TO DETERMIN WHETHER YOU HAVE MET TAX FILING OR TAX PAYMENT OBLIGATIONS. LICENSEES WHO FAIL TO CORRECT THEIR NON-FILING OR DELINQUENCY WILL BE SUBJECT TO SUSPENSION OR REVOCATION. THIS REQUEST IS MADE UNDER AUTHORITY OF THE MGL CH62C, S49A.**

PLEASE REVIEW AND CORRECT THE ABOVE INFORMATION

EXPIRATION: Permits will be issued for up to two (2) years under this Regulation and shall expire on December 31st of each evenly numbered year.

Please list below the types and quantities of all Animals kept at the listed property location which are not domesticated cats, dogs or fish:

Signature of Applicant



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. I am a employer with _____ employees (full and/ or part-time).*

2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]

3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**

4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. Retail

6. Restaurant/Bar/Eating Establishment

7. Office and/or Sales (incl. real estate, auto, etc.)

8. Non-profit

9. Entertainment

10. Manufacturing

11. Health Care

12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**"

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents

Office of Investigations

600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia