

Paid: _____
Check #: _____
Inspector _____
Approval: _____
Chief: _____

**TOWN OF BROOKLINE
DEPARTMENT OF PUBLIC HEALTH**



Division of Environmental Health
11 Pierce Street, Brookline, Massachusetts, 02445
Telephone: (617) 730-2300 Facsimile: (617) 730-2296
Website: www.brooklinema.gov/health

RESIDENTIAL - PERMIT FOR KEEPING OF BEES

REQUEST PERMIT (Honeybees)

New: \$60 Renewal: \$25

Only non-aggressive honeybee (Apis Mellifera) are permitted

Name of Applicant: _____

Name of Primary Beekeeper (if different): _____

Address: _____

Telephone: _____ Office/Cell: _____

E-mail: _____

Numbers of Hives: _____

Location of the Premises Where Bee Hives are to be Kept:

Beekeeper Experience / Certificates:

Name of Backup Beekeeper: _____

Source of Bees: _____

I, _____, have read and understand the contents and requirements of this application packet and agree to the provisions in the Brookline Keeping of Animals Regulation.

Date: _____

*****It is recommended that new applicants begin at the Zoning Department – form attached*****

Please include the following documents to complete the application:

- Building Department Approval _____
- Brookline Department of Public Health Requirements
 - o Emergency Disaster Plan _____
 - o Plans for Swarm Suppression _____
 - o Set-up and Hive Structure _____
 - o Hive Maintenance Procedures _____
 - o Pest Control Procedures _____
 - o Abbuter Notification (completed by Health Dept) _____
 - o Permit Application Fee _____
- Zoning Board Approval _____

Examples of Conditions Established for Permit Issuance

Bees:

- The beehive structure must comply with all applicable zoning bylaw requirements.
- Bees must be maintained in moveable-frame hives situated at least 4 inches off the ground to allow ventilation, limit pests, and reduce bottom entrance obstructions. The entrance of the beehive must be oriented to face the opposite direction of the nearest abutting property.
- A constant and adequate water source must be provided on site at all times. The water source should be drained and refilled periodically to prevent mosquito larvae growth and nuisance conditions.
- In the event of nuisance complaints regarding low flight paths of bees through abutting properties, the property owner is advised to install a reasonable physical structure to influence the bees to take a higher flight path as they enter and exit the beehives.
- Hives must be registered with Massachusetts Department of Agricultural Resources. Beekeeping operations must comply with all applicable regulations, inspections, and permitting standards as required by state law.
- The primary beekeeper must demonstrate to the Director of Public Health completion of a beekeeper training course with the Norfolk County Beekeeping Association or another approved training resource. Membership and active participation with the Norfolk County Beekeeping Association is recommended.
- A qualified beekeeper with appropriate training/certificate must be designated to maintain hive operations and respond to all nuisance complaints and other emergencies.
- An operation and emergency plan must be submitted to the Director that describes in detail:
 - a. Physical set-up and location of hives.
 - b. Routine hive maintenance and integrated pest management (IPM) procedures.
 - c. Corrective actions to be taken under potential nuisance conditions resulting from aggressive or objectionable bee behavior.
 - d. Planned response to possible acute damage to hive and swarm suppression measures. Contact information for qualified personnel to be contacted to assist during swarming and emergency scenarios must be included.
- The Brookline Department of Public Health may reasonably conduct unannounced inspections of beekeeping facilities to ensure compliance with the aforementioned conditions and respond to any nuisance complaints.

- It is recommended that the applicant update their homeowner's insurance policy to cover beekeeping activities.

Please contact the Inspector of Animals at 617-730-2300 for questions/guidance.