APPLICATION FOR 10-DAY EMERGENCY BEAVER OR MUSKRAT PERMIT

TO BE FILLED OUT BY APPLICANT Fee (if applicable): $ _____

Name: _____ Date: _____

Address: _____

Town: _____ Zip Code: _____

Daytime Tel. # _____ Evening Tel. # _____

Agent Name: _____ Tel. #_____
(if applicable)

Complaint Location:

_____

_____

_____

_____

Is the problem entirely on your property? Yes: ____ No:____ Don't Know:____

Note: If the problem does not occur entirely on the applicant's property, consent forms from all other property owners must be obtained.

Type of Complaint: Provide a detailed description of the perceived threat to public health and safety

_____

_____

_____

_____

_____

_____

_____

Under M.G.L. c. 131, s. 80A, an emergency permit authorizes the applicant or his duly authorized agent to immediately remedy the threat to human health and safety by one or more of the following options: (a) the use of conibear or box or cage-type traps for the taking of beaver or muskrat, subject to regulations; (b) the breaching of dams, dikes, bogs or berms; and/or (c) employing any non-lethal management of water-flow devices. The emergency permit will be good for 10 days from the date of issue.

Signature of Applicant: _____ Date: _____

NOTE: Options (b) and/or (c) above require applicant to get conservation commission approval prior to such work in accordance with the wetlands protection act.

LANDOWNER CONSENT FORM

Consent Form

I give permission for _____ to access my property for the purpose of alleviating a threat to public health and safety posed by beaver or muskrat, as determined by the Board of Health.

_____ _____
Signature of Property Owner Date

_____
Address

_____ _____
Daytime Tel. # Evening Tel. #

Consent Form

I give permission for _____ to access my property for the purpose of alleviating a threat to public health and safety posed by beaver or muskrat, as determined by the Board of Health.

_____ _____
Signature of Property Owner Date

_____
Address

_____ _____
Daytime Tel. # Evening Tel. #

Consent Form

I give permission for _____ to access my property for the purpose of alleviating a threat to public health and safety posed by beaver or muskrat, as determined by the Board of Health.

_____ _____
Signature of Property Owner Date

_____
Address

_____ _____
Daytime Tel. # Evening Tel. #

BEAVER CONSULTANT REPORTING FORM

Date _____

Site Address _____

Owner _____

Action Taken _____

_____

_____

Number of Beavers Removed _____

Planned Future Activity _____

_____

_____

_____ Date _____
Signature of Consultant

PLEASE RETURN THIS FORM WITHIN 5 WORKING DAYS OF END OF PERMIT PERIOD