



Board of Health

TOWN HALL • 19 WASHINGTON ST. • SHERBORN, MASSACHUSETTS 01770
508-651-7852 • FAX 508-651-7868

APPLICATION FOR 10-DAY EMERGENCY BEAVER OR MUSKRAT PERMIT

TO BE COMPLETED BY APPLICANT

Fee (if applicable): _____

Name: _____

Date: _____

Street Address: _____

Town: _____

Zip Code: _____

Telephone: (daytime): _____ (evening): _____

Agent Name (if applicable): _____ Agent Telephone: _____

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, a *Consent Form* from all property owners must be obtained and submitted with this application.

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 valid for 10 days from the date of issue.

NOTE: Options (b) or (c) above requires the applicant to obtain Conservation Commission approval prior to such work, in accordance with the Wetlands Protection Act.

Signature of Applicant: _____ Date: _____

PROPERTY OWNER'S CONSENT FORM
For Beaver or Muskrat Permit

Consent

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

Signature of Property Owner

Date

Street Address

Town, State

Zip Code

Daytime Telephone #

Evening Telephone #