

**TOWN OF MENDON****BOARD OF HEALTH**

18 Main Street | Mendon, MA 01756

PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

PERMIT FEE: \$25.00**PERMIT #: EBM - _____****10-DAY EMERGENCY BEAVER OR MUSKRAT PERMIT APPLICATION****TO BE FILLED OUT BY APPLICANT**

Name: _____ Date: _____

Address: _____
Street _____ City _____ State _____ Zip Code _____

Daytime Phone #: _____ Evening Phone #: _____

Trapping Agent Name: _____ Phone #: _____
(If Applicable)COMPLAINT LOCATION: _____
Full Address or vicinity thereofIs the problem entirely on your property? YES NO (**Consent Form Required**) 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:** Option (a) requires Board of Health Agent to inspect the complaint location and verify perceived threat; Option (b) and/or (c) above require applicant to get conservation commission approval prior to such work in accordance with the wetland's protection act.**BOARD OF HEALTH OFFICE USE ONLY****APPLICATION APPROVED:** YES NO**Signature of Board of Health Member / Health Agent****Date**

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PROPERTY CONSENT FORM FOR EMERGENCY BEAVER OR MUSKRAT PERMIT**TO BE ATTACHED WITH PERMIT APPLICATION (If Applicable)**

By providing my information and signature below, I give permission for the Trapping Agent listed on the Permit Application to access my property for the purpose of alleviating a threat of public health and safety posed by beaver or muskrat, as determined by the Board of Health.

Name: _____ Property Address: _____

Daytime Phone: _____ Evening Phone: _____

Signature of Property Owner: _____ Date: _____

Name: _____ Property Address: _____

Daytime Phone: _____ Evening Phone: _____

Signature of Property Owner: _____ Date: _____

Name: _____ Property Address: _____

Daytime Phone: _____ Evening Phone: _____

Signature of Property Owner: _____ Date: _____

Name: _____ Property Address: _____

Daytime Phone: _____ Evening Phone: _____

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