



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 thereof

Is 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: _____

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Daytime Phone: _____ Evening Phone: _____
Signature of Property Owner: _____ Date: _____

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