

10-DAY EMERGENCY BEAVER OR MUSKRAT PERMIT

Appendix 8

Name_____	Permit No._____
Address:_____	
Authorized Agent Name (if applicable)_____	
Complaint Location:_____	

In accordance with and pursuant to provisions contained in chapter 131 of Massachusetts General Laws section 40, 80A and 321 Code of Massachusetts Regulation 2.08 and 10.00(Wetlands Protection Act), the permittee(s) above named may 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 the regulations promulgated by the Division of Fisheries and Wildlife (see back)
- (b) the breaching of dams, dikes, bogs or berms, so-called*
- (c) employing any non-lethal management or water-flow devices*

*If the permittee chooses option(s) b and/or c, he/she must appear before the local conservation commission to obtain an emergency certification regarding specifications for breach size and/or water flow device installation in accordance to M.G.L. c 131, s 40 (Wetland Protection Act).

The Board of Health has determined that said beaver or muskrat problem poses a threat to public health and safety as stated in M.G.L. c 131, s 80A.

Specify:_____

Board of Health Official Name_____	
Board of Health Official Signature:_____	Date:_____
The above signature validates this permit for 10 consecutive days from the date shown for option (a) only. If the permittee chooses options (b) and/or (c), he/she must return to the Board of Health for a final signature after obtaining an emergency certification from the conservation commission.	

**Please attach the emergency certification to this permit and return to the Board of Health for final approval.
(See Back)**

This permit is valid for 10 consecutive days from the date of the final Board of Health signature.

Board of Health Official Name _____

Board of Health Official Signature _____ Date: _____

This permit does not allow permittee(s) or their authorized agent to trespass on private property.

This permit or a copy thereof shall be carried on the person of any individual exercising the authority thereof and shall be shown upon request if challenged by any local or state law enforcement officer empowered to enforce the Provision of M.G.L. c 131.

Massachusetts Division of Fisheries and Wildlife trapping regulations

Permittee(s) may destroy problem furbearing mammals (named above) by means of a body gripping trap or by means of a box or cage type trap including Hancock or Bailey traps for catching beaver. The pan of Hancock and Bailey traps must be submerged in water. Problem furbearing mammals that are captured alive shall be disposed of by destruction in a humane manner. Body gripping traps with a jaw spread not less than 4 inches and not greater than 7 inches or body gripping traps with a jaw spread not less than 6 inches and not exceeding 10 inches for trapping of beaver only, may be used if such traps are completely submerged in water. The placement of traps in reference to the proximity of the beaver lodge or beaver dam is unrestricted, but the disturbance or destruction of the beaver lodge or beaver dam is strictly prohibited unless otherwise authorized.

Permittee(s) taking problem furbearing mammals, on the property of another, by means of trap shall possess a valid Massachusetts trapping license and traps shall be registered according to M.G.L. c 131 s 80.

Said problem furbearing mammals (named above), their carcasses or parts thereof may be retained by permittee, sold, bartered, or exchanged for consideration during the open regulated harvest season for that species. Sealing of beaver pelts is required. Disposition of all carcasses obtained from the incidental capture of furbearing mammals not authorized by this permit must be surrendered to the District Wildlife Manager of the Division of Fisheries and Wildlife having jurisdiction in the town where the furbearing mammal was taken.

BEAVER OR MUSKRAT 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. #

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: _____
(if applicable)

Tel #: _____

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 authorized 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.

Beaver or Muskrat Complaint Data Sheet

Name: _____	Date: _____
Address: _____	
Town: _____	Zip Code: _____
Daytime Tel. #: _____	Evening Tel. #: _____
Complaint Location: _____	

Type of Complaint (check all that apply):		
<input type="checkbox"/> Property flooding	<input type="checkbox"/> public water supply	Other _____
<input type="checkbox"/> Sepitc system	<input type="checkbox"/> private well	_____
<input type="checkbox"/> Road flooding	<input type="checkbox"/> culvert blockage	
<input type="checkbox"/> Tree damage	<input type="checkbox"/> flooding of cropland	

Response:	
<input type="checkbox"/> Performed Site Visit	<input type="checkbox"/> Referred to DFW
<input type="checkbox"/> Referred to DEP (water su0ply)	<input type="checkbox"/> Other _____

Site Visit Information

DATE	INSPECTOR	COMMENTS	ABUTTERS (IF ANY)