

TOWN OF MENDON

BOARD OF HEALTH

18 Main Street | Mendon, MA 01756

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

FEE: \$.00
(If Applicable)

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 ☐ 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

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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:** _____

Date:

NOTE: 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

Date

Signature of Board of Health Member

Date