



**Town of Boylston** Board of Health [boh@boylston-ma.gov](mailto:boh@boylston-ma.gov)  
221 Main Street, Boylston MA 01505 \*\* Telephone (508) 869-6828 \*\* Fax (508) 869-6210

## APPLICATION FOR A TEN-DAY EMERGENCY BEAVER PERMIT

**Date of Issuance** \_\_\_\_\_  
(to be filled in by Board of Health)

**FEE** \_\_\_\_\_  
(if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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):

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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 ten (10) days from the date of issue.

**NOTE:** Options (b) and/or (c) above require the applicant to get Conservation Commission approval prior to such work and in accordance with the Wetlands Protection Act.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_