



**Town of Southborough
Board of Health**

9 Cordaville Road, Lower Level
Southborough, MA 01772-1662

Phone: (508) 481-3013
Fax: (508) 229-2580

APPLICATION FOR 10 DAY EMERGENCY BEAVER OR MUSKRAT PERMIT

If you are experiencing high waters caused by beaver or muskrat activity on your property, please complete this application for a 10 Day Emergency Beaver or Muskrat Permit. Return the application and Land Owner Consent Forms (if applicable) to the Board of Health office for Board of Health review. If approved, a trapper can be obtained at the property owner's expense. If denied, the applicant or agent may appeal said emergency permit application to the State Department of Public Health.

Name: _____
Address: _____ Phone#: _____
_____ Email: _____

Type of complaint (check all that apply):

- Property Flooding
- Septic System
- Road Flooding
- Tree Damage
- Public Water Supply
- Private Well
- Culvert Blockage
- Flooding of Cropland
- Other _____

Location of complaint: (please provide a sketch on page 2 of this application) _____

Is the problem entirely on your property?: Yes _____ No: _____ Unknown: _____

If the nuisance beaver or muskrat is not located on your own property, you must obtain permission of the owner on the Land Owner Consent form on page 2 to be submitted with the application.

Signature of Applicant: _____ **Date:** _____

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/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.

Options (b) and (c) above require applicant to obtain Conservation Commission approval prior to such work in accordance with the Wetlands Protection Act.

Name of Wildlife Management Company _____
Address: _____
Town: _____ State: _____ Zip Code: _____ Phone #: _____
Trapper Name: _____ License #: _____



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Sketch



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Beaver or Muskrat Landowner 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 _____

Name (Printed) _____

Address _____

Telephone # _____ Email _____

Location of beaver or muskrat activity _____

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