

## Office of the **Board of Health**

13 Ayer Road, Harvard, MA 01451 978-456-4100, ext. 428 boh@harvard-ma.gov

## **APPLICATION FOR 10-DAY EMERGENCY BEAVER OR MUSKRAT PERMIT**

Applicant:		Date:		
Mailing Address:	Town:		Zip Code:	
Telephone No.:	E-mail Address:			
Agent Name (if applicable):		Tel. #_		
Complaint Address:				
s the problem entirely on the applicant's property?	Circle One:	Yes No	Unknown	
<b>Note</b> : If the problem does not occur entirely on the applicant's property, consent forms from all other property owners must be obtained and attached to this application.				
Type of Complaint: Provide a detailed description	n of the perceiv	ed threat to public	c 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. <b>Note:</b> Options (b) and/or (c) above require applicant obtain Harvard Conservation Commission approval prior to such work in accordance with the Wetlands Protection Act. Such Conservation Commission approval must be attached to this application.				
Remedy Option Sought (Circle One): (a	a) (	(b) (c)	)	
Signature of Applicant:		Di	ate:	
This permit is valid for 10 consecutive days from the date of issuance, and does not give the Applicant or his Agent permission to trespass on private property.				
For the Board of Health:		Date:		