



Public Health
Prevent. Promote. Protect.

GREENFIELD BOARD OF HEALTH
14 Court Square
Greenfield, MA 01301

Phone: 1-413-772-1404 Fax: 1-413-772-2238



**APPLICATION FOR 10-DAY EMERGENCY BEAVER OR MUSKRAT PERMIT
TO BE FILLED OUT BY APPLICANT**

Fee (if applicable):\$ 55.00

Name: _____ Date: _____

Address: _____

Town: _____

Daytime Tel.# _____ Evening Tel.# _____

Agent Name: _____ Tel.# _____
(if applicable)

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 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: _____

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.