

TOWN OF SPENCER
Office of Development & Inspectional Services



Planning Board
Zoning Board of Appeals
Conservation Commission
Board of Health

Town Planner
Inspector of Buildings
Health Agent
Wetland/Soil Specialist

10-DAY EMERGENCY
BEAVER OR MUSKRAT
PERMIT

Memorial Town Hall
157 Main Street
Spencer, MA 01562

Tel: 508-885-7500 ext. 180
Fax: 508-885-7519

Name: _____ Telephone: _____

Address: _____

Authorized Agent (if applicable): _____

Complaint Location: _____

In accordance with and pursuant to provisions contained in Chapter 131 of the Massachusetts General Laws Section 40, 80A and Code of Massachusetts Regulation 2.08 and 10.00 (Wetlands Protection Act), the permittee(s) above named may immediately remedy the threat to human health and safety by one or more of the following options:

1. The use of conibear or box or cage-type traps for the taking of beaver or muskrat, subject to the regulations promulgated by the Division of Fisheries and Wildlife (see reverse side);
2. The breaching of dams, dikes, bogs or berms, so-called*; and/or,
3. Employing any non-lethal management or water-flow devices*.

*If the permittee chooses options(s) 2 and/or 3, he/she must appear before the local Conservation Commission to obtain an emergency certification regarding specifications for breach size and/or water-flow device installation in accordance to M.G.L.

c.131, s.40 (Wetlands Protection Act).

The Board of Health has determined that said beaver or muskrat problem poses a threat to public health or safety as stated in M.G.L.c.131, s.80A.

Specify: _____

THIS PERMIT IS VALID FOR 10 CONSECUTIVE DAYS FROM THE DATE OF ISSUANCE

Official Name: _____

Official Signature: _____

Date: _____

This permit does not allow permittee(s) or their authorized agent to trespass on private property.

This permit or a copy thereof shall be carried on the person of any individual exercising the authority thereof and shall be shown upon request if challenged by any local or state law enforcement officer empowered to enforce the provisions of M.G.L.c.131.

For Official Use Only: Permit # _____	Fee Paid: \$ _____	Check #: _____	Date Paid: _____
Date Permit Issued: _____	Date Permit Expires: _____		

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

Fee (if applicable): \$ _____

Name: _____ Date: _____

Address: _____

Town: _____ Zip Code: _____

Daytime Tel. # _____ Evening Tel. #: _____

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

Complaint Location: _____
(address) (map) (parcel)

*An assessors map must be attached an area of trapping highlighted in yellow. No work outside of highlighted area unless Board of Health is notified and map is changed to reflect additional work areas.

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.

TOWN OF SPENCER
Office of Development & Inspectional Services



Planning Board
Zoning Board of Appeals
Conservation Commission
Board of Health

Town Planner
Inspector of Buildings
Health Agent
Wetland/Soil Specialist

Beaver or Muskrat Complaint Data Sheet

Memorial Town Hall
157 Main Street
Spencer, MA 01562

Tel: 508-885-7500 ext. 180
Fax: 508-885-7519

Name: _____ Date: _____
 Address: _____
 Town: _____ Zip Code: _____
 Daytime Tel. # _____ Evening Tel. # _____
 Complaint Location: _____

Type of Complaint (check all that apply):

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> property flooding | <input type="checkbox"/> public water supply | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> septic system | <input type="checkbox"/> private well | |
| <input type="checkbox"/> road flooding | <input type="checkbox"/> culvert blockage | |
| <input type="checkbox"/> tree damage | <input type="checkbox"/> flooding of cropland | |

FOR OFFICIAL USE ONLY

Response:

- | | |
|---|--|
| <input type="checkbox"/> performed site visit | <input type="checkbox"/> referred to DFW |
| <input type="checkbox"/> referred to DEP (water supply) | <input type="checkbox"/> other: |

Site Visit Information:

Date	Inspector(s)	Comments	Abutters (if any)

Discharge Date: _____