

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

APPLICATION FOR 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

TO BE FILLED OUT BY APPLICANT

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. *Options (b) and/or (c) require applicant to get Conservation Commission approval prior to such work in accordance with the wetlands protection act.*

Signature of Applicant: _____ Date: _____