



CITY OF FRAMINGHAM
Public Health Department



Public Health
Prevent. Promote. Protect.

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www.framinghamma.gov

MEMORIAL BUILDING
150 Concord Street, Room 205
Framingham, MA 01702

Application for 10-Day Emergency Beaver or Muskrat Permit
Complete the application below. Please print legibly. An incomplete application and/or missing documents may delay the review process and issuing a permit.

Date: _____
Name: _____
Address: _____ Framingham, MA 0170 _____
Phone Number: _____ Email: _____
Agent Name (if applicable): _____

Describe the Complaint Location

[Lined area for describing the complaint location]

Is the problem entirely on your property? [] Yes [] No [] Unknown

Note: If the problem does not occur entirely on the applicant's property, consent 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. **NOTE:** Options (b) and/or (c) above require applicant to get Framingham Conservation Commission approval prior to such work in accordance with the wetland's protection act.

Signature of Applicant: _____ Print: _____

For Official Use Only

Approved as submitted

Approved as submitted with the following conditions: _____

Disapproved as submitted – Reason(s): ** _____

**** Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.**

Date Reviewed: _____ Reviewed By: _____ Title: Public Health Inspector

Date Permit was Issued: _____ Date Permit Expires: _____