

45 Railroad Street
Lee, MA 01238-1694

Tel: 413-243-5540
Fax: 413-243-5542
E-mail: info@tritownhealth.org

Tri-Town Health Department Lee-Lenox-Stockbridge

APPLICATION FOR BEAVER CONFLICT RESOLUTION PERMIT

Property Owner: _____ Date: _____

Site Address: _____

Perceived Threat to Health and Safety: _____

Is the problem entirely on your property? ☐ Yes ☐ No ☐ Don't Know

If no, who owns other properties? All property owners must consent, please use forms attached.

Do you have a written contract with a Trapper and/or Consultant? ☐ Yes ☐ No

Consultant or State Licensed Trapper to perform services: _____
Signature Required

License # _____
(It is suggested that the trapper carry a copy of this completed form while on the property.)

Other Comments _____

Conditions: (Tri-Town Health use only) Any disturbance within a wetland, such as the breaching of a dam or the installation of water leveling devices, may only be performed with the permission of the Conservation Commission.

Other conditions: _____

Tri-Town Health Department Approval: _____
Signature Date

This permit is good for 10 days after the date of departmental approval.

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TRI-TOWN HEALTH DEPARTMENT Lee-Lenox–Stockbridge

Property Abutters Consent Form

I, _____, as owner of the property at
(Name Please Print)

_____, consent to allow
(Street Address and Assessor's Map and Lot #)

_____, who is under contract with
(Consultant and/or Licensed Trapper)

_____, to enter my property for the
(Applicant's Name)

purpose of installing water leveling devices and/or trapping and removing beaver and/or muskrats that are causing a threat to public health and safety as determined by the Tri-Town Health Department. I understand that any water leveling device control measures or alterations to wetlands or beaver structures will also be permitted through the Town's Conservation Commission.

Signature

Date

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TRI-TOWN HEALTH DEPARTMENT
Lee - Lenox – Stockbridge

Licensed Trapper Consultation Reporting Form
(To be completed and returned to the Tri-Town Health Department within five days after trapping)

Site Address _____ Date _____

Owner _____

Narrative of Action Taken: _____

Species Removed (Please Circle)? Beaver Muskrat | Number Removed _____

Narrative of Future Activity (if applicable) _____

Signature of Consultant

Date