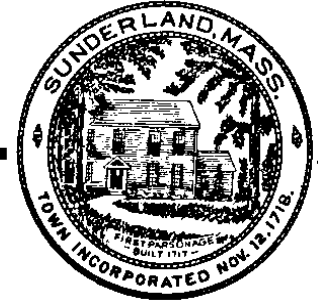


BOARD OF HEALTH



TOWN OF SUNDERLAND MASSACHUSETTS

Town Offices: 12 School Street

Sunderland, MA 01375

PHONE: (413) 665-1441

FAX: (413) 665-1086

APPLICATION FOR BEAVER REMOVAL PERMIT

PERMIT FEE: n/c

Property Owner: _____

Property Owner Address: _____

Site Address: _____

Perceived Threat to Health and Safety: _____

Is Problem entirely on site address: _____ 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 the trapper? _____

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: _____

Signature of applicant: _____ Date: _____

Conditions: 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.

SUNDERLAND BOARD OF HEALTH:

Signature/ Date

Signature/Date

Signature/Date

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