

Town of New Salem
BOARD OF HEALTH
19 South Main St.
New Salem, Ma. 01355

Telephone 978-544-9673
Fax 978-544-9673

APPLICATION FOR BEAVER REMOVAL PERMIT

Property Owner: _____ Phone: _____

Mailing Address: _____

Site Address: _____

Perceived Threat to Health and Safety: _____

Is the problem entirely on your property? ____ Yes ____ No ____ Don't Know
If no, all other property owners must consent for work to be done. Please use
form attached.

Do you have a written contract with a Trapper? _____

State licensed trapper to perform services: _____
Printed Name

Phone #

Trapper's Signature Required

License # _____
(The trapper should carry a copy of this completed form while on the property)

Number of beaver trapped must be reported to the Board of Health using the Reporting
Form.

Comments: _____

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.

Other Conditions: _____

New Salem Board of Health Approval _____
Signature Date

This permit is good for 10 days after the date of departmental approval. Extensions beyond the 10 days require approval of Fisheries and Wildlife.