



# Town of Deerfield

Deerfield Municipal Offices  
8 Conway Street  
South Deerfield, MA 01373  
Ph: 413-665-1400  
Fax: 413-665-1411

## APPLICATION FOR BEAVER REMOVAL PERMIT

Property Owner: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Site Address: \_\_\_\_\_

Perceived Threat to Health and Safety: \_\_\_\_\_

\_\_\_\_\_

Is problem entirely on site address?      \_\_\_ yes      \_\_\_ no      \_\_\_ unknown

If no, who owns other properties?      Please attach list of additional property owners.

**Note: All property owners must consent.** Attach *signed* owner Consent Form hereto.

Name of **Licensed Trapper** to perform services \_\_\_\_\_  
(Print Name)

Do you have a written contract with the trapper? \_\_\_\_\_

Massachusetts License #: \_\_\_\_\_ Signature: \_\_\_\_\_

Other 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.***

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_

\_\_\_\_\_

**Additional Property Owners Consent Form**

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Site Address: \_\_\_\_\_

Consent to participate in beaver removal?    \_\_\_ yes        \_\_\_ no

Owner Signature: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Site Address: \_\_\_\_\_

Consent to participate in beaver removal?    \_\_\_ yes        \_\_\_ no

Owner Signature: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Site Address: \_\_\_\_\_

Consent to participate in beaver removal?    \_\_\_ yes        \_\_\_ no

Owner Signature: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Site Address: \_\_\_\_\_

Consent to participate in beaver removal?    \_\_\_ yes        \_\_\_ no

Owner Signature: \_\_\_\_\_