



**TOWN OF WESTMINSTER**  
11 South Street  
WESTMINSTER, MASSACHUSETTS 01473  
(978) 874-7409 • Fax (978) 874-7460  
**BOARD OF HEALTH**

**APPLICATION FOR BEAVER AND MUSKRAT CONFLICT**  
**RESOLUTION PERMIT**  
**FEE \$60.00**

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

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

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

\_\_\_\_\_

Is the Problem entirely on your property? YES \_\_\_\_\_ NO \_\_\_\_\_ DON'T KNOW \_\_\_\_\_

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

Do you have a written contract with a Licensed Trapper and/or Consultant? \_\_\_\_\_

Consultant or Licensed Trapper to perform services \_\_\_\_\_

License # of Trapper \_\_\_\_\_

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

Contact information for Trapper (phone, email) \_\_\_\_\_

Other Comments \_\_\_\_\_

\_\_\_\_\_

***\*Westminster Conservation Commission approval is required for breaching of dams and/or installation of water level control devices\****

\_\_\_\_\_  
Commissioner Approval Signature Required

\_\_\_\_\_  
DATE

Westminster Board of Health Approval \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THIS PERMIT IS ONLY GOOD FOR 10 DAYS AFTER THE DATE OF  
THE BOARD OF HEALTH APPROVAL.