FP6 (rev. 3/00)

The Commonwealth of Massachusetts
Department of Fire Services - Office of the State Fire Marshal
P.O. Box 1025, State Road, Stow, MA 01775

APPLICATION FOR PERMIT

City or Town _____

Date _____

DIG SAFE NUMBER

_____

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section _____ application is hereby made

by _____
(Full name of person, Firm or Corporation)

Address _____
(Street or P.O. Box) (City or Town)

For permission to (state clearly purpose for which permit is requested) _____

_____

_____

Name of competent operator (If Applicable) _____ Cert. No. _____

Date Issued-rejected _____ By _____
(Signature of Applicant)

Date of expiration _____ Fee _____ $ Paid _____ Due _____

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The Commonwealth of Massachusetts
Department of Fire Services - Office of the State Fire Marshal
P.O. Box 1025, State Road, Stow, MA 01775

PERMIT

City or Town _____

Date _____

Permit Number (if applicable) _____

DIG SAFE NUMBER

_____

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in _____ this permit is granted

to _____
(Full name of person, Firm or Corporation)

for _____

Restrictions: _____

at _____
(Give location by street and no., or describe in such manner as to provide adequate identification of location)

Fee Paid $ _____ This Permit will expire on _____

Signature of Official Granting Permit _____ Title _____

This permit must be conspicuously posted upon the premises