



Form FP 6 Rev. 12/97

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



Date: _____ 19 _____

_____ Permit No _____
(City or Town) (If Applicable)

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)

DIG SAFE NUMBER
M.G.L. C. 82, S. 40
Start Date _____

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

For permission to _____
State clearly purpose for which permit is requested

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

Date Issued-rejected _____ 19 _____ By _____
(Signature of Applicant)

Date of expiration _____ 19 _____ Fee \$ _____ Paid _____ Due _____

Cut



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Department of Fire Services
Office of the State Fire Marshal

P.O. Box 1025, State Road, Stow, MA 01775

PERMIT



Date: _____ 19 _____

_____ Permit No _____
(City or Town) (If Applicable)

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 _____

DIG SAFE NUMBER
M.G.L. C. 82, S. 40
Start Date _____

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 _____ 19 _____
(Signature of official granting permit) (Title)

THIS PERMIT MUST BE CONSPICUOUSLY POSTED UPON THE PREMISES