



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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