



The Commonwealth of Massachusetts

City/Town of Bourne



Application for Standard Permit

FP-006 (Rev. 1.2018)

Return completed application to: Bourne Fire/Rescue

Permit Number:

City or Town: Bourne

Date:

DIG SAFE NUMBER

Start Date:

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section 10A application is hereby made

by (Full Name of Person, Firm or Corporation) (Phone Number)

of (Address: Street or P.O. Box, City or Town, Zip Code)

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 Amount Paid \$



The Commonwealth of Massachusetts

City/Town of Bourne



FP-006 (Rev. 1.2018)

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 (Street and # or Describe Location for Adequate Identification)

Fee Paid \$ This permit will expire on

Signature of Official Granting Permit: Title

This permit must be conspicuously posted upon the premises