



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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**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 ⬅**