



# The Commonwealth of Massachusetts

City / Town of \_\_\_\_\_



## Application for Standard Permit

FP-006  
(Rev. 1.1.2015)

➔ Return completed application to: \_\_\_\_\_ ➔

Permit Number: \_\_\_\_\_

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) (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 \_\_\_\_\_



FP-006  
(Rev. 1.1.2015)

## 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**

