The Commonwealth of Massachusetts

City/Town of _____

Application for Standard Permit

FP-006
(Rev. 6/23)

➡ **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 _____

PERMIT

FP-006
(Rev. 6/23)

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 _____

PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED. PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.

➡ **This permit must be conspicuously posted upon the premises** ⬅