

The Commonwealth of Massachusetts

City | Town of _____



FP-006 (Rev. 1.1.2015)

Application for Standard Permit

→ Return completed application to: _____

Permit Number:		– DIG SAFE NUMBER
City or Town:		Chart Date:
Date:		Start Date:
In accordance with the provisions of	of M.G.L. Chapter 148, as provided	in Section application is hereby made
by(Full Nam	e of Person, Firm or Corporation)	(Phone Number)
		,
9.	(Address: Street or P.O. Box, City	or Town, Zip Code)
for permission to (state clearly purp	pose for which permit is requested)	
Name of Competent Operator (if a	oplicable)	Cert. No
		(Signature of Applicant)
Date of expiration		Amount Paid \$
FP-006	he Commonwealth of City/Town of	
ev. 1.1.2015)	PERMI	Т
City or Town:		DIG SAFE NUMBER
Date:		Charl Data
Permit Number (if applicable):		Start Date:
In accordance with the provisions of	of M.G.L. Chapter 148, as provided	in this permit is granted
to	(Full Name of Person, Firm of	r Cornoration)
		- Corporation y
at		
5 D:10	(Street and # or Describe Location for A	
		expire on
Signature of Official Granting Borm		





