



The Commonwealth of Massachusetts

Executive Office of Public Safety

Department of Fire Services - Office of the State Fire Marshal

P.O. Box 1025, State Road, Stow, MA 01775



Date: _____
C. 82 S.40 M.G.L.

APPLICATION FOR PERMIT

DIG SAFE NUMBER
START DATE: _____

To: Head of Fire Department: Auburn
City / Town

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

Name: _____
(Full name of person, firm or corporation)

Address: _____
(Street or P.O. Box) (City/Town) (State) (Zip Code)

For Permission to: INSTALL HOOD & DUCT SYSTEM
State clearly the purpose for which the permit is requested: 1. PLANS SUBMITTED FOR REVEIW AND APPROVED
2. NFPA 96
3. 527 CMR 10
4. FIRE DEPT. TO BE PRESENT FOR NITROGEN TEST.

Location: _____
Name of competent operator if applicable: _____ Certificate of Competency #: _____
Date Issued { } Date Rejected { } : _____ By: _____
Date of Expiration: _____ Fee Paid { } Fee Due { } Amount: _____
Applicant Signature: _____ Fire Department Number: 27017
(If Applicable)



The Commonwealth of Massachusetts

Executive Office of Public Safety

Department of Fire Services - Office of the State Fire Marshal

P.O. Box 1025, State Road, Stow, MA 01775



Date: _____
C. 82 S.40 M.G.L.

PERMIT

DIG SAFE NUMBER
START DATE: _____

In accordance with the provisions of Chapter 148, M.G.L. as provided in Section _____ this permit is granted to:

Name: _____
(Full name of person, firm or corporation)

For Permission to: INSTALL HOOD & DUCT SYSTEM
State clearly the purpose for which the permit is granted: 1. PLANS SUBMITTED FOR REVEIW AND APPROVED
2. NFPA 96
3. 527 CMR10
4. Fire Dept. Shall Be Present For Nitrogen Test

Restrictions: AS PER PLAN REVIEW

Location: _____
Fee Paid: _____ This Permit Will Expire Upon Any Changes
Signature and Title of Official Granting Permit: _____

⇒(THIS PERMIT MUST BE CONSPICUOUSLY POSTED UPON THE PREMISES.) ⇐