



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 13 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: Alterations to Sprinkler System

State clearly the purpose for which the permit is requested: \_\_\_\_\_

Location: \_\_\_\_\_

Name of competent operator if applicable: \_\_\_\_\_ Certificate of Competency #: \_\_\_\_\_

Date Issued { } Date Rejected { }; By: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Fee Paid {X} Fee Due { } Amount: **\$50.00**

Applicant Signature: \_\_\_\_\_ Fire Department Number: \_\_\_\_\_  
(If Applicable)



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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 13 this permit is granted to:

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

For Permission to: Alterations to Sprinkler System

State clearly the purpose for which the permit is granted: \_\_\_\_\_

Restrictions: Shall Conform to All NFPA and Local Codes

Location: \_\_\_\_\_

Fee Paid: **\$50.00** This Permit Will Expire On: \_\_\_\_\_

Signature and Title of Official Granting Permit: \_\_\_\_\_

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