



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: _____
City / Town **AUBURN**

In accordance with the provisions of Chapter 148, M.G.L. as provided in Section 10 A 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: Make Inert Residential Fuel Oil Tank of _____ Gallons Capacity

State clearly the purpose for which the permit is requested: _____

- RESTRICTIONS:**
1. Tank is to be Cleaned of All Fuel Oil and Residue
 2. Tank to be Inspected Before Filling with Sand
 3. Draw Diagram of Tank Location on Reverse Side of This Application

Location: _____

Name of competent operator if applicable: _____ Certificate of Competency #: _____

Date Issued { } Date Rejected { } : _____ By: _____

Date of Expiration: N/A Fee Paid {X} Fee Due { } Amount: **\$10.00**

Applicant Signature: _____ Fire Department Number: 27017
(If Applicable)

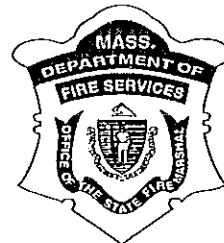


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P.O. Box 1025, State Road, Stow, MA 01775



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 10A this permit is granted to:

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

For Permission to: Make Inert Residential Fuel Oil Tank of _____ Gallons Capacity

State clearly the purpose for which the permit is granted: _____

- RESTRICTIONS:**
1. Tank Is To Be Cleaned of All Fuel Oil and Residue
 2. Tank is to Be Filled with Sand Only

Restrictions: _____

Location: _____

Fee Paid: \$10.00 This Permit Will Expire On: N/A

Signature and Title of Official Granting Permit: _____

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