



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 _____ 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: Cut and /or Weld in the Town of Auburn
State clearly the purpose for which the permit is requested; Type of Unit () Shop () Mobile
RESTRICTION: 1. Shall Have an Approved Fire Extinguisher.
2. Shall Have a One Hour Fire Watch After Completion of Work.
3. Shall Comply with All Fire Prevention Rules and Regulations.

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: 27017
(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 10A this permit is granted to:

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

For Permission to: Cut and Weld in the Town of Auburn
State clearly the purpose for which the permit is granted: Type of Unit () Shop () Mobile
RESTRICTIONS: 1. Shall Have an Approved Fire Extinguisher.
2. Shall Have a One Hour Fire Watch After Completion of Work.
3. Shall Comply with All Fire Prevention Rules and Regulations

Restrictions: _____

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.) ←