



FP-006
(Rev. 1.2018)

The Commonwealth of Massachusetts

City / Town of COMM Fire District

Application for Standard Permit

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City or Town

DIG SAFE NUMBER

Start Date: _____

Date: _____

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

by _____
(Full Name of Person, Firm or Corporation) (Phone Number)

of _____
(Address: Street or P.O. Box, City or Town, Zip Code)

for permission to (state clearly purpose for which permit is requested) _____

Name of Competent Operator (if applicable) _____ Cert. No. _____

Date Issued-rejected _____ By _____
(Signature of Applicant)

Date of expiration _____ Fee _\$25.00 - Pay in person or online at

Online Payments