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 01175

APPLICATION FOR PERMIT

Permit # ____________________

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

To: Head of Fire Department: **SPRINGFIELD**

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

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

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

For Permission to: ____________________

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

Location: ____________________
Name of competent operator if aplicable: ____________________ Certificate of competency ____________________
Date Issued { } Date Rejected { ____________________ By: ____________________
Date of Expiration : ____________________ Fee Paid { } Fee Due { } Amount: ____________________
Applicant Signature: ____________________ Fire Department #: **13281**

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PERMIT

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

For Permission to: ____________________

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

Restrictions: **Must comply with all Massachusetts State Laws and Codes, submit final inspection and submit record of completion.**

Location: ____________________
Fee Paid: ____________________ Date of expiration: ____________________

Signature and Title of Official Granting Permit: **FIRE MARSHAL**

(THIS PERMIT MUST BE CONSPICUOUSLY POSTED UPON THE PREMISES)
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