

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



APPLICATION FOR PERMIT

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

Permit # _____

To: Head of Fire Department: Springfield
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)

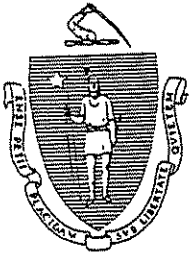
Address: _____
(Street or P.O. Box) (City/Town) (State) (Zip Code)

For Permission to: Install or modify a wet 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: _____
Fee Paid { } Fee Due { } Amount: _____

Date of Expiration: _____
Applicant Signature: _____ Fire Department Number: _____
(If Applicable)



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PERMIT

Permit # _____

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

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: Install or modify a wet sprinkler system
State clearly the purpose for which the permit is granted: _____

Restrictions: Must comply with all Mass. State Laws & Codes, submit to final inspection and submit record of completion.

Location: _____ This Permit Will Expire On: _____

Fee Paid: _____
Signature and Title of Official Granting Permit: _____ Fire Marshal

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