

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, Flow, MA 01775



APPLICATION FOR PERMIT

Date: _____

C. 82 S.40 M.G.L.

Permit # _____

To: Head of Fire Department: SPRINGFIELD

City / Town

27A

application is hereby made by:

In accordance with the provisions of Chapter 148, M.G.L. as provided in Section _____

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

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

For Permission to: Shut off sprinkler/standpipe system

State clearly the purpose for which the permit is requested: Temporary () Permanent ()

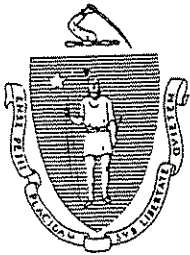
Location: _____ Certificate of Competency #: _____

Name of competent operator if applicable: _____

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

Date of Expiration: _____ Fee Paid { } Fee Due { } Amount: _____

Applicant Signature: _____ Fire Department Number: 13281 (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 27 A this permit is granted to:

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

For Permission to: Shut off sprinkler/ Standpipe system

State clearly the purpose for which the permit is granted: Temporary () Permanent ()

Restrictions: All Flammable and combustible material must be removed from building prior to shutting off system. The Fire Department must be notified prior to shutting the system down and before the system is placed back in service.

Location: _____ This Permit Will Expire On: _____

Fee Paid: _____

Signature and Title of Official Granting Permit: Fire Prevention Supervisor

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