



Form FP 6 Rev. 12/97

The Commonwealth of Massachusetts

Department of Fire Services
Office of the State Fire Marshal
P.O. Box 1025, State Road, Stow, MA 01775
APPLICATION FOR PERMIT



Date: 20

Springfield

(City or Town)

Permit No.

(If Applicable)

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section 527CMR: 1400 application is hereby made

by (Full name of person, firm or corporation)

Address (Street or P.O. Box) (City or Town)

For permission to store flammable and/or combustible fluids, solids, or gases on premises.

State clearly purpose for which permit is requested

Name of competent operator (If Applicable)

Cert. No.

Date issued-rejected 20 By (Signature of Applicant)

Date of expiration 20 Fee \$ 50.00 Paid Due

Cut



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PERMIT



Date: 20

Springfield

(City or Town)

Permit No.

(If Applicable)

In Accordance with the provisions of M.G.L. Chapter 148 as provided in 527CMR:1400

This Permit is granted to: (Full name of person, firm or corporation)

for permission to store flammable and/or combustible fluids, solids, or gases on premises.

Restrictions: In accordance with Massachusetts General Laws 148ss, 10A and 23.

at (Give location by street and no., or describe in such manner as to provide adequate identification of location)

Fee Paid \$

This Permit will expire 20

(Signature of official granting permit)

(Title)

THIS PERMIT MUST BE CONSPICUOUSLY POSTED UPON THE PREMISES