



## TOWN OF ATHOL

# LICENSE / PERMIT ROUTING SHEET

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Address \_\_\_\_\_ Applicant's Phone \_\_\_\_\_

Type of License/Permit Applied For \_\_\_\_\_

Location of Event \_\_\_\_\_ Date/Time \_\_\_\_\_

It shall be the applicant's responsibility to circulate this routing sheet to the Town Department(s) that are checked for review and to return the form to the Selectmen's Office along with the permit application form and appropriate fee. If the required signatures are not obtained no Permit/License shall be granted.

**Board of Health:** \_\_\_\_\_ Date: \_\_\_\_\_

(978) 249-7934

Comments: \_\_\_\_\_

**Bldg Insp./Zoning:** \_\_\_\_\_ Date: \_\_\_\_\_

(978) 249-3834

Comments: \_\_\_\_\_

**DPW:** \_\_\_\_\_ Date: \_\_\_\_\_

(978) 249-4542

Comments: \_\_\_\_\_

**Fire Dept:** \_\_\_\_\_ Date: \_\_\_\_\_

(978) 249-8275

Comments: \_\_\_\_\_

**Police Dept:** \_\_\_\_\_ Date: \_\_\_\_\_

(978) 249-5385

Comments: \_\_\_\_\_

**Wiring Insp:** \_\_\_\_\_ Date: \_\_\_\_\_

(978) 249-2868

Comments: \_\_\_\_\_

**Other:** \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_