



The Commonwealth of Massachusetts

City / Town of ATHOL



FP-006
(Rev. 04/12)

Return completed application to: Athol Fire Dept.

Permit Number: _____

City or Town: ATHOL

Date: _____

| |
|------------------------|
| DIG SAFE NUMBER |
| _____ |
| Start Date: _____ |

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section _____ application is hereby made by _____

(Full Name of Person, Firm or Corporation)

(Phone Number)

of _____
(Address: Street or P.O. Box, City or Town, Zip Code)

for permission to (state clearly purpose for which permit is requested) _____

Name of Competent Operator (if applicable) _____ Cert. No. _____

Date Issued-rejected _____ By _____
(Signature of Applicant)

Date of expiration _____ Fee _____ Amount Paid \$ _____

f



The Commonwealth of Massachusetts

City / Town of ATHOL



FP-006
(Rev. 04/12)

PERMIT

City or Town: ATHOL

Date: _____

Permit Number (if applicable): _____

| |
|------------------------|
| DIG SAFE NUMBER |
| _____ |
| Start Date: _____ |

In accordance with the provisions of M.G.L. Chapter 148, as provided in _____ this permit is granted to _____

(Full Name of Person, Firm or Corporation)

for _____

Restrictions: _____

at _____
(Street and # or Describe Location for Adequate Identification)

Fee Paid \$ _____ This permit will expire on _____

Signature of Official Granting Permit: _____ Title _____

➔ This permit must be conspicuously posted upon the premises ➔