



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



Date: \_\_\_\_\_  
C. 82 S.40 M.G.L.

# APPLICATION FOR PERMIT

DIG SAFE NUMBER

START DATE: \_\_\_\_\_

To: Head of Fire Department: Auburn  
City / Town

In accordance with the provisions of Chapter 148, M.G.L. as provided in Section 10 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 HOOD & DUCT SYSTEM

State clearly the purpose for which the permit is requested: 1. PLANS SUBMITTED FOR REVEIW AND APPROVED

2. NFPA 96

3. 527 CMR 10

4. FIRE DEPT. TO BE PRESENT FOR NITROGEN TEST.

Location: \_\_\_\_\_

Name of competent operator if applicable: \_\_\_\_\_ Certificate of Competency #: \_\_\_\_\_

Date Issued { } Date Rejected { } : \_\_\_\_\_ By: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Fee Paid { } Fee Due { } Amount: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Fire Department Number: 27017  
(If Applicable)



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# PERMIT

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START DATE: \_\_\_\_\_

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

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

For Permission to: INSTALL HOOD & DUCT SYSTEM

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2. NFPA 96

3. 527 CMR10

4. Fire Dept. Shall Be Present For Nitrogen Test

Restrictions: AS PER PLAN REVIEW

Location: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ This Permit Will Expire  Upon Any Changes

Signature and Title of Official Granting Permit: \_\_\_\_\_

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