



The Commonwealth of Massachusetts

City / Town of DEVENS



Application for Standard Permit

FP-006 (Rev. 1.1.2015)

Return completed application to: Devens Fire Department

Permit Number: _____

City or Town: Devens

Date: _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section 10A 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 \$ _____



The Commonwealth of Massachusetts

City / Town of Devens



FP-006 (Rev. 1.1.2015)

PERMIT

City or Town: Devens

Date: _____

Permit Number (if applicable): _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in 10A 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