



Town of Plymouth
Fire Department
Fire Prevention & Code Compliance Division
114 Sandwich Street
Plymouth, Massachusetts 02360
508-830-4213 x2
Fax 508-830-4174

Fire Detail Request
(24 Hour Notice Required)

Prerequisite: Plymouth Fire Department Hotworks Permit # _____
Fee: \$50

I, _____, request the Plymouth Fire Department to
provide firefighter(s) for a fire watch detail at _____
Address
in the Town of Plymouth, by _____
Company Name
whose address, town, state and phone number is

Address	Town	State	Zip
Phone (work)	Phone (cell)		
Date(s) of Proposed Work	Estimate Date of Completion		
Start Time	Estimated Finish Time		
Number of Hours	Number of Days		

NOTE: Fire Watch will end no less than 30 minutes after the last hot work operation concludes.

By signing this form, I, _____ attest that I have obtained
Authorization, from the property owner or his representative, for Hotwork Operations to be
conducted upon the premises listed above, and that I _____
(company name or contractor) assume the financial obligation to the Town of Plymouth and the
Plymouth Fire Department for the personnel costs associated with providing this fire-watch
detail.

Fee Schedule for Fire Detail (minimum 3 hours)

Estimated overtime rate per hour depending on rank \$40.00 to \$70.00
Administrative fee of 10% will be added

Signature: _____ **Date:** _____



The Commonwealth of Massachusetts
Town of Plymouth



APPLICATION FOR PERMIT

FP-006
(Rev. 04/12)

⇒ Return completed application to: 114 Sandwich St, Plymouth MA 02360 ⇐

Permit Number: _____

City or Town: PLYMOUTH

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)

To perform cutting & welding operations in accordance with 527 CMR Ch 41.00 and NFPA 51B

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

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

Date of expiration _____ Fee \$50.00 Amount Paid \$ _____



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The Commonwealth of Massachusetts
Town of Plymouth



Fire Department, 114 Sandwich Street, Plymouth MA 02360

PERMIT

City or Town: PLYMOUTH

Date: _____

Permit Number (if applicable): _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section 10A this permit is granted

to _____
(Full Name of Person, Firm or Corporation)

To perform cutting & welding operations in accordance with 527 CMR Ch 41.00 and NFPA 51B

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

Fee Paid \$50.00 This permit will expire on _____

Signature of Official Granting Permit: _____ Title _____



This permit must be conspicuously posted upon the premises

