



Form FP 6 Rev. 12/97

The Commonwealth of Massachusetts

Department of Fire Services
Office of the State Fire Marshal
P.O. Box 1025, State Road, Stow, MA 01775
APPLICATION FOR PERMIT



Date: _____ 19 _____

Plymouth

(City or Town)

Permit No. _____

(If Applicable)

In accordance with the provisions of M.G.L. Chapter 148, as

provided in Section **26B, 26C** application is hereby madeby _____
(Full name of person, Firm or Corporation)Address _____
(Street or P.O. Box) (City or Town)For permission to **ALTER/INSTALL A FIRE ALARM SYSTEM AS PER PLAN PROVIDED.**State clearly
purpose for
which permit
is requested**LOCATION:**Name of competent operator _____ Cert. No. _____
(If Applicable)Date Issued-rejected _____ 19 _____ By _____
(Signature of Applicant)

Date of expiration _____ 19 _____ Fee \$ _____ Paid _____ Due _____

Cut



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Department of Fire Services
Office of the State Fire Marshal
P.O. Box 1025, State Road, Stow, MA 01775

PERMIT**Plymouth**

(City or Town)

Permit No. _____

(If Applicable)

In Accordance with the provisions of M.G.L. Chapter 148 as provided in **26B, 26C**This Permit is granted to: _____
(Full name of person, Firm or Corporation)
for **ALTER/INSTALL A FIRE ALARM SYSTEM AS PER PLAN PROVIDED.**

Date: _____ 19 _____

DIG SAFE NUMBER
M.G.L. C. 82, S. 40

Start Date _____

Restrictions: **NFPA 72 & 780 CMR**at _____
(Give location by street and no., or describe in such manner as to provide adequate identification of location)

Fee Paid \$ _____

This Permit will expire _____ 19 _____ (Signature of official granting permit) (Title)

 **THIS PERMIT MUST BE CONSPICUOUSLY POSTED UPON THE PREMISES** 