



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



Form FP 6 Rev. 12/97

Date: _____ 20____.

Plymouth

Permit No _____

(City or Town)

(If Applicable)

In accordance with the provisions of M.G.L. Chapter 148, as
provided in Section **26G, 27A** application is hereby made
& 28

by _____
(Full name of person, Firm or Corporation)

Address _____
(Street or P.O. Box) (City or Town)

For permission to **ALTER/INSTALL A SPRINKLER SYSTEM AS PER PLAN PROVIDED.**

State clearly
purpose for
which permit
is requested

LOCATION:

Name of competent operator _____ Cert., No. _____
(If Applicable)

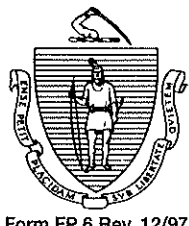
Date Issued-rejected _____ 20____ By _____

(Signature of Applicant)

Date of expiration _____ 20____

Fee \$ _____ Paid _____ Due _____

-Cut-



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PERMIT



Form FP 6 Rev. 12/97

Plymouth

Permit No _____

(City or Town)

(If Applicable)

In Accordance with the provisions of M.G.L. Chapter 148, as provided in **Sec. 26G, 27A & 28**

This Permit is granted to: _____
(Full name of person, Firm or Corporation)

for **ALTER/INSTALL A SPRINKLER SYSTEM AS PER PLAN PROVIDED.**

Date: _____ 20____.

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

Start Date _____

Restrictions: **NFPA 13 & 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 _____ 20____ (Signature of official granting permit) (Title)



THIS PERMIT MUST BE CONSPICUOUSLY POSTED UPON THE PREMISES

