

(Rev. 1.2018)

The Commonwealth of Massachusetts City / Town of COMM Fire District



Application for Standard Permit

→ Return completed application to: ←

City or Town		DIG SAFE N		
	Start Date:			
Date:				
In accordance with the provisions of M.G.L. Ch	napter 148, as p	rovided in Section 10a	application is hereby made	
by				
(Full Name of Person, Firm or Corporation)			(Phone Number)	
of				
(Addı	ress: Street or P.O.	Box, City or Town, Zip Code)		
for permission to (state clearly purpose for which	ch permit is req	uested)		
		,		
Name of Competent Operator (if applicable)		Cort No		
Name of Competent Operator (if applicable)		Cert. No		
Date Issued-rejected	By			
		(Signature of Ap	plicant)	
Date of expiration	Fee _\$25.00 - Pay in person or online at			