



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 _____

WHITMAN

(City or Town)

Permit No _____

(If Applicable)

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)

Address _____

(Street or P.O. Box)

(City or Town)

For permission to LOCATE A CUBIC YARD RUBBISH CONTAINER AT LOCATION:

State clearly purpose for which permit is requested

EMERGENCY PHONE #

Name of competent operator

(If Applicable)

Date issued-rejected _____ 19 _____

By _____

(Signature of Applicant)

Date of expiration _____ 19 _____

Fee \$ 10.00

Paid _____

Due _____

Cut



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PERMIT



WHITMAN

(City or Town)

Permit No _____

(If Applicable)

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 _____

Date: _____ 19 _____

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

Start Date

Restrictions: _____

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