



FP6 (rev. 3/00)

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

City or Town Quincy

Date

DIG SAFE NUMBER
Start Date:

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section 10 A application is hereby made by

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

For permission to (state clearly purpose for which permit is requested) Perform cutting and/or welding at the address listed below. All applicable 527 CMR 1.00 Ch 41 code must be honored. A minimum 4 hour detail may be required. Proper fire extinguisher for the job must be supplied by the company performing the work. Fire protection curtains are to be used if necessary.

Work site address:

Name of competent operator (if Applicable) Cert. No.

Date Issued-rejected by (Signature of Applicant)

Date of expiration Fee 50 \$ Paid 50 Due 0



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PERMIT

City or Town Quincy

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 10 A this permit is granted to

Perform cutting and/or welding at the address listed below. A minimum 4 hour detail may be required. Proper fire extinguisher for the job must be supplied by the company performing the work. Fire protection curtains are to be used if necessary.

Restrictions: All applicable 527 CMR 1.00 Ch 41 code must be honored.

at (Give location by street and no., or describe in such manner as to provide adequate identification of location)

Fee Paid \$ 50 This Permit will expire on

Signature of Official Granting Permit Title



This permit must be conspicuously posted upon the premises

