



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

(Full name of person, Firm or Corporation)

Address

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

For permission to (state clearly purpose for which permit is requested)

Store gallon drums for waste oil, on a tray, labeled with a funnel

All applicable 527 CMR 1.00 Ch. 42.7.2.6, 42.7.2.7 Must be adhered to at all times.

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

(Full name of person, Firm or Corporation)

for Store gallon drums for waste oil, on a tray, labeled with a funnel

Restrictions: All applicable 527 CMR 1.00 Ch. 42.7.2.6, 42.7.2.7 Must be adhered to at all times.

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 Inspector



This permit must be conspicuously posted upon the premises

