



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 Charlton

Date _____

| |
|-------------------|
| Dig Safe Number |
| Start Date: _____ |

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 Corp.) _____

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

For permission to (state clearly purpose for which permit is requested) ___ Underground or Above Ground (Please circle one) _____

Storage up to _____ gallons of propane for _____

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

Date Issued – Rejected _____ By _____

Date of Expiration _____ Fee \$25.00 \$ Paid _____ Due _____



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



PERMIT

City or Town Charlton

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 10A this permit is granted to (Full name of person, Firm or Corp.) _____

for Storage up to _____ gallons of propane for _____

Restrictions: Any and all restrictions pertaining to MGL Chapter 148, 527 & 780 CMR

at _____

Fee Paid \$ \$25.00 This permit will expire on _____

Signature of Official Granting _____ Title Fire Chief



This permit must be conspicuously posted upon the premises

