



The Commonwealth of Massachusetts

Town of Foxborough



Application for Standard Permit

FP-006 (Rev. 1.1.2015)

Return completed application to: \_\_\_\_\_

Permit Number: \_\_\_\_\_

City or Town: \_\_\_\_\_

Date: \_\_\_\_\_

DIG SAFE NUMBER

Start Date: \_\_\_\_\_

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

by \_\_\_\_\_ (Full Name of Person, Firm or Corporation) \_\_\_\_\_ (Phone Number)

of \_\_\_\_\_ (Address: Street or P.O. Box, City or Town, Zip Code)

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

Name of Competent Operator (if applicable) \_\_\_\_\_ Cert. No. \_\_\_\_\_

Date Issued-rejected \_\_\_\_\_ By \_\_\_\_\_ (Signature of Applicant)

Date of expiration \_\_\_\_\_ Fee \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_



Do not write below this line- Fire Department Use Only



The Commonwealth of Massachusetts

City/Town of \_\_\_\_\_



FP-006 (Rev. 1.1.2015)

PERMIT

City or Town: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Number (if applicable): \_\_\_\_\_

DIG SAFE NUMBER

Start Date: \_\_\_\_\_

In accordance with the provisions of M.G.L. Chapter 148, as provided in \_\_\_\_\_ this permit is granted

to \_\_\_\_\_ (Full Name of Person, Firm or Corporation)

for \_\_\_\_\_

Restrictions: \_\_\_\_\_

at \_\_\_\_\_ (Street and # or Describe Location for Adequate Identification)

Fee Paid \$ \_\_\_\_\_ This permit will expire on \_\_\_\_\_

Signature of Official Granting Permit: \_\_\_\_\_ Title \_\_\_\_\_



This permit must be conspicuously posted upon the premises

