



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 Andover, Massachusetts

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 Corporation)*

Address \_\_\_\_\_  
*(Street or P.O. Box) (City or Town)*

For permission to (state clearly purpose for which permit is requested) install a Special Suppression  
System.

Name of competent operator (If Applicable) \_\_\_\_\_ Cert. No. \_\_\_\_\_

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

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

