



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 supression system.

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

Date Issued-rejected _____ By _____

(Signature of Applicant)

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