



*The Commonwealth of Massachusetts*  
*City / Town of* BELMONT



FP-006  
(Rev. 1.1.2015)

**Application for Standard Permit**  
➔ Return completed application to: **BELMONT FIRE HEADQUARTERS**  
**299 TRAPELO RD, BELMONT MA 02478**

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 \$ \_\_\_\_\_



*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**

