



The Commonwealth of Massachusetts

City / Town of SHARON



Application for Standard Permit

FP-006 (Rev. 04/12)

Return completed application to: SHARON FIRE DEPARTMENT

Permit Number: _____

City or Town: SHARON

Date: _____

DIG SAFE NUMBER box with lines for number and 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) (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 SHARON



FP-006 (Rev. 04/12)

PERMIT

City or Town: SHARON

Date: _____

Permit Number (if applicable): _____

DIG SAFE NUMBER box with lines for number and start date

In accordance with the provisions of M.G.L. Chapter 148, as provided in SEC 10A 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

