

The Commonwealth of Massachusetts

City | Town of Leicester



FP-006 (Rev. 1.1.2015)

Application for Standard Permit → Return completed application to: ______

Permit Number:	
	DIG SAFE NUMBER
City or Town: Leicester	Otat Data
Date:	Start Date:
In accordance with the provisions of M.G.L. Chapter 148, as provided in	n Section10A application is hereby made
by (Full Name of Person, Firm or Corporation)	(Phone Number)
of(Address: Street or P.O. Box, City or	Town 7in Code
for permission to (state clearly purpose for which permit is requested) _	
amount of gas on this location. Must follow all Fire	Regulations.
Approved storage amount:	
Name of Competent Operator (if applicable)	Hot work Training Cert.
Date Issued-rejectedBy	
Date of expiration <u>12/31/2017</u> Fee	
The Commonwealth of Massachusetts City/Town of Leicester PERMIT	
City/Town of Leices	ter
City/Town of Leices FP-006 Rev. 1.1.2015) PERMIT	ter
City/ Town of Leices PERMIT City or Town: Leicester	ter
City/ Town of Leices FP-006 Rev. 1.1.2015) City or Town: Leicester Date:	ter
City Town of Leices FP-006 Rev. 1.1.2015) City or Town: Leicester Date: Permit Number (if applicable): In accordance with the provisions of M.G.L. Chapter 148, as provided in	DIG SAFE NUMBER Start Date: n
City Town of Leices PERMIT City or Town: Leicester Date: Permit Number (if applicable): In accordance with the provisions of M.G.L. Chapter 148, as provided ito (Full Name of Person, Firm or 0)	DIG SAFE NUMBER Start Date: In section 10A this permit is granted Corporation)
City/ Town of Leices PERMIT City or Town: Leicester Date: Permit Number (if applicable): In accordance with the provisions of M.G.L. Chapter 148, as provided it to (Full Name of Person, Firm or of Cutting, Welding, and Storing Flammable gas of Restrictions: Shall have an Approved Fire Extinguishe	DIG SAFE NUMBER Start Date: nsection 10Athis permit is granted Corporation) n this Location . Approved quantity(r and comply with all Fire Regulations.
City/ Town of Leices PERMIT City or Town: Leicester Date: Permit Number (if applicable): In accordance with the provisions of M.G.L. Chapter 148, as provided it to (Full Name of Person, Firm or of Cutting, Welding, and Storing Flammable gas of Restrictions: Shall have an Approved Fire Extinguishe	DIG SAFE NUMBER Start Date: nsection 10Athis permit is granted Corporation) n this Location . Approved quantity(r and comply with all Fire Regulations.
City Town of Leices PERMIT City or Town: Leicester Date: Permit Number (if applicable): In accordance with the provisions of M.G.L. Chapter 148, as provided it to (Full Name of Person, Firm or	DIG SAFE NUMBER Start Date: n

This permit must be conspicuously posted upon the premises