



The Commonwealth of Massachusetts

Town of **SUDBURY**



Application for Standard Permit

FP-006
(Rev. 1.2018)

➔ Return completed application to: Sudbury Fire Dept.

77 Hudson Rd Sudbury MA 01776

Permit Number: **B** _____

City or Town: **SUDBURY** _____

Date: _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in Chapter **65-527 CMR 1** 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) _____

Address of Blasting:

Name of Competent Operator/Installer _____ Cert. No. _____

Date Issued-rejected _____ By _____
(Signature of Applicant)

Date of expiration: _____ Fee **\$50** Amount Paid \$ _____



The Commonwealth of Massachusetts

Town of **SUDBURY**



FP-006
(Rev. 1..2018)

PERMIT

Town: **SUDBURY** _____

Date: _____

Permit Number (if applicable): **B** _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in Chapter **65-527 CMR 1** this permit is granted

to _____
(Full Name of Person, Firm or Corporation)

for _____

Restrictions: **Full compliance to current edition of Ch. 65-527; This work will require a FD detail, use of heavy mats and seismograph strip delivered to the FD.**

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



Plan Received: _____

Permit Received: _____

Plan Reviewed: _____

Rough Inspection: _____

Final Inspection: _____

Notes: