



# 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: **TR** \_\_\_\_\_

DIG SAFE NUMBER

City or Town: **SUDBURY** \_\_\_\_\_

Start Date: \_\_\_\_\_

Date: \_\_\_\_\_

In accordance with the provisions of M.G.L. Chapter 148, as provided in Chapter **11-527 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 Work:

Name of Competent Operator/Installer \_\_\_\_\_ Cert. No. \_\_\_\_\_

Date Issued-rejected \_\_\_\_\_ By \_\_\_\_\_  
(Signature of Applicant)

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



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## Town of **SUDBURY**



FP-006  
(Rev. 1..2018)

### PERMIT

Town: **SUDBURY** \_\_\_\_\_

DIG SAFE NUMBER

Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

Permit Number (if applicable): **TR** \_\_\_\_\_

In accordance with the provisions of M.G.L. Chapter 148, as provided in Chapter **11-527 CMR 1** this permit is granted to \_\_\_\_\_  
(Full Name of Person, Firm or Corporation)

for \_\_\_\_\_

Restrictions: **Full compliance to current edition of Ch. 11-527; compliance to applicable provisions of 780 CMR, meet the conditions of applicable MA CMR's.**

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: