



FP-006

The Commonwealth of Massachusetts

TOWN OF SUDBURY FIRE DEPT.

Application for Standard Permit

➔ Return completed application to: FIRE@SUDBURY.MA.US

or 77 Hudson Rd Sudbury MA 01776



Permit Number: _____

City or Town: **SUDBURY**

Date: _____

Applicant's Email Address:

In accordance with the provisions of M.G.L. Chapter 148, as provided in Chapter 1 527 CMR/NFPA 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 \$ _____



The Commonwealth of Massachusetts

TOWN OF SUDBURY FIRE DEPT.



Town: **SUDBURY**

Date: _____

Permit Number: _____

PERMIT

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

for _____

Restrictions: **Compliance to current edition of Ch. 527; and if applicable associated NFPA standards; and MA Bldg. Code**

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: