

The Commonwealth of Massachusetts Town of Hadley



Application for Standard Permit-To Store LP Cylinders as Part of a Sale & Exchange Program

Return Completed Application to: Office of the Fire Chief-15 East Street-Hadley, MA 01035

Permit Number:____ **DIG SAFE NUMBER** City or Town: Town of Hadley Start Date:____ In accordance with the provisions of M.G.L. Chapter 148, as provided in Section <u>10A</u> application is hereby made (Full Name of Person, Firm or Corporation) (Address: Street or P.O. Box, City or Town, Zip Code) (EMAIL Address) for permission to (state clearly purpose AND ADDRESS 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 Town of Hadley

(Rev. 1.2018)	This Section to Be Complet	ed by Fire Department	
City or Town: Town of Ha	adley	DIG SAFE NUMBER	
Date:			
	ble):	Start Date:	
In accordance with the pr	ovisions of M.G.L. Chapter 148, as p	provided in Section <u>10A</u> this permit i	s granted
to			
for permission to:	(Full Name of Perso	on, Firm or Corporation)	
		of a sale and exchange program shall comply we re Prevention Regulations, referenced NFPA 1.00	
w/ Massachusetts Amendm	ents and NFPA 58. Cylinders shall b	be secured in cages & staff shall be trained AN ith customer. A list of trained personnel shall	ND supplied wit
review by the Fire Chief	or his designee. Customers are not	allowed to bring LP Cylinders in to the store	for any reason
at		, Hadley, MA 01035	
	(Street and # or Describe	Location for Adequate Identification)	





Fee Paid \$ This Permit will expire on _____

Signature of Official Granting Permit: ______ Title _____