

The Commonwealth of Massachusetts

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



City or Town:	Permit Number:	
Date:	City or Town: Town of Hadley	DIG SAFE NUMBER
by	Date:	Start Date:
of	In accordance with the provisions of M.G.L.	Chapter 148, as provided in Section 10A & 27A application is hereby made
of	bv	
Cert. No. Cert		
Name of Competent Operator(if applicable)	(Address: Street or P.O. Box, City or To	own, Zip Corode) (Email)
Date of Expiration	for permission to (state clearly purpose for	which permit is requested)
Date of Expiration Fee Amount Paid		
Date of Expiration Fee Amount Paid	Date Issued-Rejected	By
The Commonwealth of Massachusetts Town of Hadley PERMIT		
This section to be completed by the Fire Department City or Town: Town of Hadley	The C	
Date:	(Rev. 1.1.2018) This sec	ction to be completed by the Fire Department
Permit Number (if applicable):	City or Town: Town of Hadley	DIG SAFE NUMBER
In accordance with the provisions of M.G.L. Chapter 148, as provided in Section 10A this permit is granted to (Full Name of Person, Firm or Corporation) For permission to: at: Restrictions: The installation of fire protection, automatic sprinkler, shall comply with all applicable codes and standards including, but not limited to, 527 CMR 1.00 Fire Prevention Regulations and referenced NFPA 1.00 (2021) with Massachusetts Amendments and NFPA 13 and 27A. Copies of all Massachusetts licensed sprinkler fitters that will be working on the installation shall be on site for review by the Fire Chief or Designee. Final testing of system required prior to issuance of Certificate of Occupancy. This Permit will expire on This Permit will expire on	Date:	Start Dato:
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This Permit Must Be Conspicuously Posted Upon the Premises