

The Commonwealth of Massachusetts





Return Completed Applicationto: Office of the Fire Chief, 15 East Street, Hadley, MA01035

4	
_	_

Permit Number:	
City or Town: Town of Hadley	
Date:	Start Date:
In accordance with the provisions of M.G.L. Chapte	er 148, as provided in Section <u>10A</u> application is hereby made
by_	
by	
Of(Address: Street or P.O. Box, City or Town, Zip C	
for permission to (state clearly purpose for which	permit is requested)
Name of Competent Operator(if applicable)	Cert. No
Date Issued-Rejected	By(Signature of Applicant)
Date of Expiration	Fee \$50.00 Amount Paid
FP.006	Town of Hadley PERMIT be completed by the Fire Department
Date:	DIG SAFE NUMBER
Permit Number (if applicable):	Start Date:
In accordance with the provisions of M.G.L. Chapt	er 148, as provided in Section 10A this permit is granted
to	
(Full N	lame of Person, Firm or Corporation)
For permission to:	
at:	
maximum allowable limits set under MGL Chapter Regulations, referenced NFPA 1.00-2021 Ed. with Installation contractor responsible for contacting Fi	nall comply with all applicable codes and standards and not to exceed 148 Section 13, Fire Law and 527 CMR 1.00 Fire Prevention Massachusetts Amendments as well as referenced NFPA 58. ire Department a minimum of (7) seven business days prior to need re department following installation of aboveground cylinders/tanks.
Fee Paid \$	This Permit will expire on UPON CHANGE OF OWNER OR PROVIDE
Signature of Official Granting Permit:	Title
This Permit Must Be C	Conspicuously Posted Upon the Premises