



FP6 (rev. 3/00)

The Commonwealth of Massachusetts
Department of Fire Services - Office of the State Fire Marshal
P. O. Box 1025, State Road, Stow, MA 01775



APPLICATION FOR PERMIT

City or Town HARVARD

Date _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section 10A application is hereby made
by _____
(Full name of person, Firm or Corporation)

Address _____
(Street or P.O. Box) (City or Town)

For permission to (state clearly purpose for which permit is requested) CONDUCT BLASTING OPERATIONS
FOR THE PURPOSE OF

Name of competent operator (If Applicable) _____ Cert. No. _____

Date Issued-rejected _____ By _____
(Signature of Applicant)

Date of expiration _____ Fee _____ \$ Paid _____ Due _____



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PERMIT

City or Town HARVARD

Date _____

Permit Number (if applicable) _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in 10A, 19, 20B, 20C this permit is granted
to _____
(Full name of person, Firm or Corporation)

for _____

Restrictions: ALL BLASTING TO CONFORM TO 527 CMR 13
FIRE DEPARTMENT SHALL BE NOTIFIED ONE HOUR BEFORE EACH BLAST
IF CHECKED - () PRE BLAST SURVEY REQUIRED, () SEISMOGRAPHIC READINGS REQUIRED

(Give location by street and no., or describe in such manner as to provide adequate identification of location)

Fee Paid \$ _____ This Permit will expire on _____

Signature of Official Granting Permit _____ Title _____

➡ This permit must be conspicuously posted upon the premises ←