



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) INSTALL A GALLON ABOVE GROUND LPG TANK 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 10 A this permit is granted to \_\_\_\_\_  
*(Full name of person, Firm or Corporation)*

for INSTALL A GALLON ABOVE GROUND LPG TANK FOR THE PURPOSE TO

Restrictions: 527 CMR 6 & NFPA 58 - SEE RESTRICTIONS POSTED ON THE BACK OF THIS PERMIT

at \_\_\_\_\_  
*(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 ←