

# Fire District No.1

144 Newton Street  
South Hadley, MA 01075-2372  
Tel. (413)532-5343

## General Permit Application



FP-006  
(Rev. 6/23)

➔ Return completed application to: Fire District No.1 ←  
All checks shall be made payable to: Fire District No.1

Permit Number: \_\_\_\_\_

City or Town: South Hadley Fire District No.1

Date: \_\_\_\_\_

<b>DIG SAFE NUMBER</b>
_____ N/A _____
Start Date: _____ N/A _____

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) (Phone Number)

of \_\_\_\_\_  
(Address: Street or P.O. Box, City or Town, Zip Code)

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 \$ 50.00

✂ Email Address \_\_\_\_\_



*The Commonwealth of Massachusetts*

*City/Town of* \_\_\_\_\_



FP-006  
(Rev. 6/23)

## PERMIT

City or Town: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Number (if applicable): \_\_\_\_\_

<b>DIG SAFE NUMBER</b>
_____
Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in \_\_\_\_\_ this permit is granted

to \_\_\_\_\_  
(Full Name of Person, Firm or Corporation)

for \_\_\_\_\_

Restrictions: \_\_\_\_\_

at \_\_\_\_\_  
(Street and # or Describe Location for Adequate Identification)

Fee Paid \$ \_\_\_\_\_ This permit will expire on \_\_\_\_\_

Signature of Official Granting Permit: \_\_\_\_\_ Title \_\_\_\_\_

PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED. PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.

➔ **This permit must be conspicuously posted upon the premises** ←