



The Commonwealth of Massachusetts

City / Town of Framingham



Application for Standard Permit

FP-006
(Rev. 1.2018)

➔ Return completed application to: 10 Loring Dr, Framingham, MA 01702

Permit Number: _____

City or Town: Framingham

Date: _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section _____ 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 _____ Amount Paid \$ _____



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FP-006
(Rev. 1.2018)

PERMIT

City or Town: Framingham

Date: _____

Permit Number (if applicable): _____

DIG SAFE NUMBER

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 _____



This permit must be conspicuously posted upon the premises

