	The Commonwealth of Massachusetts City of Springfield		
FP-006 (Rev. 1.2018)	Application for Standard Permit Email completed application to: FirePrevention@springfieldcityhall.com		
Permit Number:		DIG SAFE N	IUMBER
City or Town:		Start Date:	
Date:			
	ce with the provisions of	M.G.L. Chapter 148, as	s provided in Section application is hereby
made by	(Full Name of Person,	-irm or Corporation)	(Phone Number)
of			
	(Address: Street or P.C). Box, City or Town, Zip	o Code)
for permission to (s	tate clearly purpose for v	/hich permit is requeste	d)
Name of Competen	t Operator (if applicable	Cert. No.	
Date Issued-rejecte	edBy:	(Name of	f Applicant)
Date of expiration_	Fee	Amount I	Paid \$
Payment Method: _	Credit Card	_ Check	
Reference Number:			

This permit must be conspicuously posted upon the premises 🛛 🛑