



# The Commonwealth of Massachusetts



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

## Application for Standard Permit

FP-006  
(Rev. 6/23)

Return completed application to: \_\_\_\_\_

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

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

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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# The Commonwealth of Massachusetts



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

## PERMIT

FP-006  
(Rev. 6/23)

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

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 \_\_\_\_\_

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 ⬅



# The Commonwealth of Massachusetts



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

## Application for Standard Permit

FP-006  
(Rev. 6/23)

Return completed application to: \_\_\_\_\_

Permit Number: \_\_\_\_\_  
City or Town: Lowell  
Date: DATE HERE

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 Fill this section out Add your phone #  
(Full Name of Person, Firm or Corporation) (Phone Number)  
of Fill this section out with your address  
(Address: Street or P.O. Box, City or Town, Zip Code)

for permission to (state clearly purpose for which permit is requested) state use: ie propane cooking with oil grill, open fire cooking, etc etc etc

Name of Competent Operator (if applicable) \_\_\_\_\_ Cert. No. \_\_\_\_\_  
Date Issued-rejected DATE HERE By SIGN HERE - do not type. No digital signatures  
(Signature of Applicant)  
Date of expiration \_\_\_\_\_ Fee \_\_\_\_\_ Amount Paid \$ \$40



# The Commonwealth of Massachusetts



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

## PERMIT

FP-006  
(Rev. 6/23)

City or Town: \_\_\_\_\_  
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 Your Name/Company Here  
(Full Name of Person, Firm or Corporation)  
for Lowell Southeast Asian Water Festival

Restrictions: \_\_\_\_\_  
at DCR Lowell Heritage State Park, 160 Pawtucket Blvd, Lowell, MA 01854  
(Street and # or Describe Location for Adequate Identification)

Fee Paid \$ \$40 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** ⬅