

To: HEAD OF FIRE DEPARTMENT

WATERTOWN FIRE DEPARTMENT

Fire Prevention Bureau 99 MAIN STREET, WATERTOWN, MASS. 02472

APPLICATION FOR PERMIT

_____20

	City or Town					
Sec.	In accordance with the provisions of Chapter 148, G.L. as proving application is hereby made By					
Name						
	(Full name o	of person, firm	or corporat	tion	,	
Address	/8+===+ =	r P.O. Box)			(City	or Town)
State clearly	TOT POTENTEDE	- on -				
ourpose for						
which permit						
is requested	1					
	au					
Name of competent operator				Cert. No.		
(If applica	able)					
Date issued-	-rejected	20	Bv	_	(Signature of ap	onlicent)
					(3)	
Date of expi	iration	20	-ee >	Paid—Due		
		99 MAIN	STRE	ET, WATER	TOWN, MASS. 024	72
		99 MAIN	STRE	ET, WATER		20
					(City or Town)	20
in accord		P	E	RMIT	(City or Town)	(Date) 20
	dance with the p	P	E	RMIT	(City or Town)	(Date) 20
this permit is	rdance with the p	P	E	RMIT	(City or Town)	(Date) 20
	rdance with the p	rovisions of	E I Chapte	RMIT	(City or Town) provided in	(Date) 20
this permit is	rdance with the p	rovisions of	E I Chapte	RMI 7 r 148, G. L. as p	(City or Town) provided in	(Date) 20
this permit is	rdance with the p	rovisions of	E I Chapte	RMI 7 r 148, G. L. as p	(City or Town) provided in	(Date) 20
this permit is Name	rdance with the p	rovisions of	E I Chapte	RMI 7 r 148, G. L. as p	(City or Town) provided in	(Date) 20
this permit is Name	rdance with the p	rovisions of	E I Chapte	RMI 7 r 148, G. L. as p	(City or Town) provided in	(Date) 20
this permit is Name State clearly purpose for	rdance with the p	(Full name of	E I Chapte	RMI 7 r 148, G. L. as p	(City or Town) provided in	(Date) 20
State clearly purpose for which permit	rdance with the p	(Full name of	E I Chapte	RMI 7 r 148, G. L. as p	(City or Town) provided in	(Date) 20
State clearly purpose for which permit	tot Restrictions:	Full name of	E I	RMI7	(City or Town) provided in	(Date) 20
State clearly purpose for which permit is granted	tot Restrictions:	Full name of	E I	RMI7	(City or Town) provided in anted permit) de adequate identification of local	(Date) 20
State clearly purpose for which permit is granted	tot Restrictions:	Full name of	E I	RMI7	(City or Town) provided in	(Date) 20