SPRINKLR.DOC 07/07/99

TOWN OF HAMILTON

Commonwealth of Massachusetts

FIRE DEPARTMENT - BUREAU OF FIRE PREVENTION
265 Bay Road Hamilton, MA 01982
TELEPHONE 468-5558

APPLICATION TO INSTALL SPRINKLER SYSTEM

_____ DATE

TO: HEAD OF FIRE DEPARTMENT

DIG SAFE NUMBER _____

HAMILTON (CITY OR TOWN)

START DATE _____ 19 _____

IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 148, MGL AS PROVIDED IN

SEC: _____ APPLICATION IS HERBY MADE BY

NAME : _____ (FULL NAME OF PERSON, FIRM OR CORPORATION)

ADDRESS : _____ (STREET OR P.O. BOX) (CITY OR TOWN)

STATE CLEARLY PURPOSE FOR WHICH PERMIT IS REQUESTED

FOR PERMISSION TO: _____

AT: _____ (STREET ADDRESS)

NAME OF COMPETENT OPERATOR: _____ CERT. NO _____

DATE ISSUED-REJECTED _____ BY _____ (SIGNATURE OF APPLICANT) _____

DATE OF EXPIRATION: _____ FEE$ _____ PAID-DUE

TOWN OF HAMILTON

Commonwealth of Massachusetts

FIRE DEPARTMENT - BUREAU OF FIRE PREVENTION
265 Bay Road Hamilton, MA 01982
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PERMIT TO INSTALL SPRINKLER SYSTEM

_____ DATE

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HAMILTON (CITY OR TOWN)

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IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 148, MGL AS PROVIDED IN

SEC: _____ APPLICATION IS HERBY MADE BY

NAME : _____ (FULL NAME OF PERSON, FIRM OR CORPORATION)

STATE CLEARLY PURPOSE FOR WHICH PERMIT IS REQUESTED

FOR PERMISSION TO: _____

RESTRICTIONS:

AT: _____ (STREET ADDRESS)

NAME OF COMPETENT OPERATOR: _____ CERT. NO _____

DATE ISSUED-REJECTED _____ BY _____ (SIGNATURE OF OFFICIAL) _____

DATE OF EXPIRATION: _____ FEE$ _____ PAID-DUE