



The Commonwealth of Massachusetts
Town of Westwood



FP-006
(Rev. 1.2018)

Return completed application to: WFD Fire Prevention

Permit Number: _____
City or Town: Westwood
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 \$ _____



The Commonwealth of Massachusetts
Town of Westwood



FP-006
(Rev. 1..2018)

PERMIT

City or Town: Westwood
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 ⬅