



**LAWRENCE FIRE DEPARTMENT
65 LOWELL STREET
LAWRENCE, MA 01840**



**PERMIT APPLICATION
In accordance with
527 CMR 1.00 & MGL Ch. 148**

Date of Application: ____/____/____

Owner/Agent/Business Name: _____

Property Address: _____

Lawrence, MA, _____

Phone: _____ Email: _____

The above listed application hereby makes application for:

This permit is limited to the stated purpose. All activity, handling of materials, and installations shall be conducted in accordance with MGL Ch. 148, 527 CMR 1.00, and all other applicable laws, codes, and standards.

The subject property may be inspected at any time. This permit may be revoked for any violation of conditions or for non-compliance of any applicable law, code, or safe practice.

Applicant Signature _____

Date _____

CALL BEFORE YOU SHUT DOWN!
Any Time a portion of a Fire Protection System is placed out of Service,
Notify an Emergency Dispatcher at the Lawrence Fire Department 978-620-3403

FOR DEPARTMENT USE ONLY

Date Issued: _____

Permit #: _____

Fee \$ _____ [] Paid

Issued By: _____