



Town of Carlisle

MASSACHUSETTS

Office of

FIRE DEPARTMENT



STANDARD PERMIT

PERMIT # _____

TYPE OF PERMIT (choose one type per permit)

- Blasting
- Hot Work
- Crowd Manager
- Propane Storage (Above- or Below-ground)
- Fire Alarm System Plan Review

***This permit may not be used for any other type of permit.

LOCATION AND DATE OF WORK

Address: _____ Date(s) of activity for Permit: _____

Owner: _____ Telephone: _____

[Blasting Only] Address of Nearest Dwelling: _____

[Hot Work Only] Start Time: _____ End Time: _____

SCOPE OF WORK (INCLUDE THE PROJECT NAME IF APPLICABLE, attach separate page if necessary)

[Blasting Only] Dig Safe #: _____ [Hot Work Only] Person Supervising: _____

APPLICANT INFORMATION

Applicant Name: _____ Company Name (if applicable): _____

Telephone #: _____ Company Address: _____

E-mail: _____ Company Phone: _____

License or Certificate #: _____ Name of Competent Operator (if applicable) _____

This application does not imply approval of the proposed work. The applicant shall be responsible for confirming final approval of the proposed work prior to starting any work which requires a permit from the Carlisle Fire Department. All work shall be in compliance with NFPA standards, and State and Local Regulations. The applicant shall be responsible for scheduling final tests and inspections for any work performed immediately upon completion. Any changes to the previously approved conditions must also be approved by the Carlisle Fire Department. Failure to provide the requested information will result in denial of the permit. All the above sections must be completed.

By signing this application, I understand the above conditions. I also understand that I am responsible for consulting any applicable checklists and requirements which have been provided to me through the Carlisle Fire Department webpage.

Applicant Signature: _____ Date: _____

[Hot Work Only] Property Owner Signature: _____ Date: _____

MAKE ALL CHECKS PAYABLE TO TOWN OF CARLISLE, RETURN THIS COMPLETED FORM TO FIRE DEPARTMENT MAIL BOX AT TOWN HALL OR TO THE FIRE PREVENTION EMAIL ADDRESS LISTED BELOW. PERMITS WILL NOT BE ISSUED UNTIL PAYMENT IS RECEIVED.

FIRE DEPARTMENT USE ONLY

Payment Method: Cash Check Ck#: _____ Permit Expiration: _____

Restrictions: _____

Signature & Printed Name of Official Issuing Permit

Date of Issue

INSPECTION REQUIRED
 Yes
 No

Signature & Printed Name of Inspecting Official

Date of Final Passing Inspection

Pass
 Fail