



CITY OF HOLYOKE
FIRE DEPARTMENT HEADQUARTERS

JEFFREY PRZEKOPOWSKI
CHIEF OF THE DEPARTMENT

APPLICATION FOR PERMIT

Date _____ Return to _____

(fax# or email)

In accordance with the provisions of 527 CMR 1.00 Sect. 1.12.8, application is hereby made

By _____
(Full name of person, Firm or Corporation)

Address _____
(Street or PPO Box) (City/Town)

For Permission to (state clearly the purpose for which permit is requested) _____

For Municipal Boxes call Alarm Div. at (413) 534-4513 *24 Hours Advance*

At (Location) _____

Name of Competent Person (if applicable) _____

License or Certification # _____ Contact Phone # _____

Signature of Applicant _____



CITY OF HOLYOKE
FIRE DEPARTMENT HEADQUARTERS

JEFFREY PRZEKOPOWSKI
CHIEF OF THE DEPARTMENT

PERMIT

Date Issued _____ Permit # _____

In accordance with the provisions of 527 CMR 1.00 Sect. 1.12.8, this permit is hereby granted

To _____

For Permission to _____

Restrictions _____

At _____

This Permit Will Expire on _____ Fee\$ _____

Signature of Inspector _____ Title _____

➡ **This Permit must be conspicuously posted upon the premises** ⬅

600 HIGH STREET - HOLYOKE, MASSACHUSETTS 01040
PHONE: (413) 534-2254 - FAX: (413) 534-2258
EMAIL: FIREPREVENTION@HOLYOKE.ORG