



MAYOR JOSHUA GARCIA

CITY OF HOLYOKE  
FIRE DEPARTMENT HEADQUARTERS

JOHN KADLEWICZ  
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) \_\_\_\_\_

**\*24 Hour Notice Required\* Call Alarm Division (413) 534-4513**

At (Location) \_\_\_\_\_

Name of Competent Person (if applicable) \_\_\_\_\_

License or Certification # \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Signature of Applicant \_\_\_\_\_



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## 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