

The TOWN OF NORWOOD

Commonwealth of Massachusetts

THE SELECTMEN

Robert G. Donnelly, Chairman Amanda R. Grow William J. Plasko Matthew E. Lane Michael Saad Christine Woodward, Clerk

VIF APPLICATION

- 1. Contact Fire Prevention Officer-Norwood Fire Department.
- 2. Application for license (Form FP-002A) must be completed by land owner. Supporting documentation should accompany application.
 - Town of Norwood General Application Form
 - 3 copies of the plans showing storage
- 3. When we receive your completed application, we will get the list of abutters from the Assessor's Office, who must be notified at the expense of the applicant.
- 4. You must notify all abutters by certified mail-we will give you a copy of the notice.
- 5. Your application will be presented to the Fire Chief for his approval and signature.
- 6. Notice of public hearing will be published in newspaper around 2 weeks prior to hearing.
- 7. NO VIF LICENSES WILL BE RELEASED WITHOUT FINAL APPROVAL OF THE FIRE DEPARTMENT.



The Commonwealth of	l Massachusetts
City/Town of	

Application For License

Massachusetts General Law, Chapter 148 §13

N.T.	T '		A 1 1	т '
New	License		Amended	License
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Application is hereby made in accordance with the provisions of Chapter 148 of the General Laws of Massachusetts for a license to store flammables, combustibles or explosives on land in buildings or structures herein described. Location of Land: Number, Street and Assessor's Map and Parcel ID Attach a plot plan of the property indicating the location of property lines and all buildings or structures. Owner of Land: Address of Land Owner: Use and Occupancy of Buildings and Structures: If this is an application for amendment of an existing license, indicate date of original license and any subsequent amendments Attach a copy of the current license Flammable and Combustible Liquids, Flammable Gases and Solids Complete this section for the storage of flammable and combustible liquids, solids, and gases; see 527 CMR 1.00 Table 1.12.8.50; Attach additional pages if needed. All tanks and containers are considered full for the purposes of licensing and permitting. PRODUCT NAME **CLASS MAXIMUM** UNITS CONTAINER **QUANTITY** gal., lbs, UST, AST, IBC, **Cubic feet** drums Total quantity of all flammable liquids to be stored: Total quantity of all combustible liquids to be stored: _____ Total quantity of all flammable gases to be stored: Total quantity of all flammable solids to be stored:

LP-gas (Complete this section for the storage of LP-gas or propane) Indicate the maximum quantity of LP-gas to be stored and the sizes and capacities of all storage containers. (See 527 CMR 1.00 Table 1.12.8.50) Maximum quantity (in gallons) of LP-gas to be stored in aboveground containers: List sizes and capacities of all aboveground containers used for storage: Maximum quantity (in gallons) of LP-gas to be stored in underground containers: List sizes and capacities of all underground containers used for storage: Total aggregate quantity of all LP-gas to be stored: **Fireworks** (*Complete this section for the storage of fireworks*) Indicate classes of fireworks to be stored and maximum quantity of each class. (See 527 CMR 1.00 Table 1.12.8.50) ❖ Maximum amount (in pounds) of Class 1.3G: Type/class of magazine used for storage: ❖ Maximum amount (in pounds) of Class 1.4G:_____ Type/class of magazine used for storage: ❖ Maximum amount (in pounds) of Class 1.4: Type/class of magazine used for storage: Total aggregate quantity of all classes of fireworks to be stored: **Explosives** (Complete this section for the storage of explosives) Indicate classes of explosive to be stored and maximum quantity of each class. (See 527 CMR 1.00 Table 1.12.8.50) ❖ Maximum amount (in pounds) of Class 1.1: Number of magazines used for storage: ❖ Maximum amount (in pounds) of Class 1.2: Number of magazines used for storage: ❖ Maximum amount (in pounds) of Class 1.3: _____ Number of magazines used for storage: ❖ Maximum amount (in pounds) of Class 1.4: _____ Number of magazines used for storage: Maximum amount (in pounds) of Class 1.5: Number of magazines used for storage: Maximum amount (in pounds) of Class 1.6: Number of magazines used for storage: , hereby attest that I am authorized to make this application. I acknowledge that the information contained herein is accurate and complete to the best of my knowledge and belief. I acknowledge that all materials stored pursuant to any license granted hereunder must be stored or kept in accordance with all applicable laws, codes, rules and regulations, including but not limited to Massachusetts Chapter 148, and the Massachusetts Fire Code (527 CMR 1.00). I further acknowledge that the storage of any material specified in any license granted hereunder may not exceed the maximum quantity specified by the license. Signature Date Name Fire Department Use Only Head of the Fire Department endorse this application with my ☐ Approval ☐ Disapproval

Signature of Head of the Fire Department

Recommendations:



APPLICATION FOR LICENSE

DATE					
ТО ТІ	HE LICENSING AUTHORITIES:				
	cordance with the provisions of the Statutes relating thereto, application for a License is y made by:				
1,	APPLICANT: (Full name of person, firm or corporation making application)				
2.	HOME ADDRESS:				
	TELEPHONE:				
3.	NAME OF ESTABLISHMENT:				
	TELEPHONE:				
4.	ADDRESS:				
5.	FEDERAL ID NO:				
6.	DAYS/HOURS OF OPERATION:				
out by	e fill out the following if applicant is an individual. A separate application form must be filled each partner if license is for a partnership. If a corporation, please submit corporation papers Selectmen's Office.				
Name	Address				
Date	of Birth:Place of Birth				
State	clearly purpose for which license is requested:				
Have	you been before any court for a violation of law?				

For what offense?	
What was the disposition of your case?	·
List the following references, with com	plete names and addresses including zip code numbers:
Business affiliations past five years:	
Personal references:	
Bank references:	
	eneral Laws, Chapter 233, Section 35, the Commissioner of 33, that all cities and towns over 5,000 require the following onse.
	A, I certify under the penalties of perjury that I, to my best ate tax returns and paid all State taxes required under law.
**Federal ID No.	
	Signature of Applicant
By	Corporate Officer (If applicable)
	Corporate Officer (If applicable)

*Your Federal Identification number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of MGL, Chapter 62C, S. 49A. If you do not have a Federal Identification number, your social security number will be furnished to the Mass. Dept. of Revenue.