



TOWN OF CARVER

Permitting Department

108 Main Street, Carver, MA 02330

508-866-3450

APPLICATION FOR PERMIT

NO. _____

Date _____

TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the Statutes relating thereto,
application for a Permit is hereby made

Name: _____
(full name of person, firm or corporation making application)

(mailing address)

(Town, State, Zip Code)

_____ (phone number) _____ (email address)

Check off permit requested:

- | | | |
|--|---|---|
| <input type="checkbox"/> Campground | <input type="checkbox"/> Day Care | <input type="checkbox"/> Donation Box |
| <input type="checkbox"/> Festival/Faire/RR | <input type="checkbox"/> Mobile Home Park | <input type="checkbox"/> Rubbish Hauler |
| <input type="checkbox"/> Septage Hauler | <input type="checkbox"/> Septic Installer | <input type="checkbox"/> Tanning Facility |
| <input type="checkbox"/> Other: _____ | | |

Signature of Application

Address if different from above