



Paul Ciccone

Chief of Department

Waltham Fire Department

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Business Phone

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APPLICATION FOR:

APPROVAL OF TRANSPORT VEHICLE & PERMISSION TO PARK A CARGO TANK/ PORTABLE TANK/ TRANSFER TANK VEHICLE OVERNIGHT IN THE CITY OF WALTHAM

DATE OF APPLICATION _____

PARKING LOCATION

24 HR EMERGENCY PHONE # _____

DRIVER NAME _____ (IF KNOWN)

TRUCK OWNER/COMPANY NAME _____

BUSINESS ADDRESS (IF DIFFERENT) _____

PLEASE PRINT CLEARLY

Vehicle Identification Number (VIN): _____

VEHICLE - Type: _____ Manufacturer: _____ Year: _____

REGISTRATION: _____ TANK CAPACITY: _____

APPLICANT SIGNATURE _____ (\$50 Truck Inspection + \$10 Parking Permit)
PERMIT FEE \$ 60

FIRE DEPARTMENT ONLY

(STATE STICKER)

PERMIT NUMBER _____

EXPIRATION DATE:

FIRE DEPT. APPROVAL _____