

Town of Orange

Office of the Board of Selectmen

6 Prospect Street
Orange, MA 01364
www.townoforange.org



2018 BOOT DRIVE APPLICATION

DATE: _____

FEE: \$10.00

NAME OF ORGANIZATION: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____

PHONE NO: _____

EMAIL ADDRESS: _____

DATE OF BOOT DRIVE: _____ TIME: _____

CHECK ONE:

THIS EVENT WILL BE HELD IN THE ORANGE SOUTH INTERSECTION
(Intersection of East River Street, West River Street, and South Main Street)

**THIS EVENT IS ONE OF THE TWO EXCEPTIONS ALLOWED FOR ORANGE
BOOT DRIVES AND WILL BE HELD IN THE ORANGE NORTH INTERSECTION**
(Intersection of East Main Street, West Main Street, North Main Street and South Main Street)

I certify that I have stated all information truthfully to the best of my knowledge. Signed under the penalties of perjury.

Signature: _____ Date: _____



TOWN OF ORANGE

LICENSE/PERMIT ROUTING SHEET

Applicant's Name _____ Date _____

Applicant's Address _____ Applicant's Phone _____

Type of License/Permit Applied For _____

Location of Event _____ Date/Time _____

It shall be the applicant's responsibility to circulate this routing sheet to the Town Department(s) that are checked for review and to return the form to the Selectmen's Office along with the permit application form and appropriate fee. If the required signatures are not obtained, no Permit/License shall be granted.

Board of Health: _____ Date: _____
(978) 544-1107
Comments: _____

Bldg Insp./Zoning: _____ Date: _____
(978) 544-1105
Comments: _____

✓ **DPW:** _____ Date: _____
(978) 544-1111
Comments: _____

✓ **Fire Dept:** _____ Date: _____
(978) 544-3145
Comments: _____

✓ **Police Dept:** _____ Date: _____
(978) 544-2129
Comments: _____

Wiring Insp: _____ Date: _____
(978) 544-1105
Comments: _____

Other: _____ Date: _____
Comments: _____