



TOWN OFFICES
TOWN OF DUNSTABLE
TOWN HALL, 511 MAIN STREET
DUNSTABLE, MA 01827-1313
(978) 649-4514 FAX (978) 649-4371

Overnight Camping/Camp Fire Permission
on Conservation Commission Property

Camping:

Organization/Applicant name: _____ Phone #: _____
(Must be at least 21 years of age)

Address: _____ Cell Phone #: _____
_____ Date(s) requested: _____

Will arrive at (time): _____ Will leave at (time): _____

Property Address/Location: _____

Reason for request: _____

I understand that I must abide by the "Regulations for Conservation Land and Open Space".
(http://dunstable-ma.gov/Pages/DunstableMA_Bcomm/Conservation/index) This permit is only
for the date(s) stated on this application. A responsible adult at least 21 years of age must be
present at all times.

Please indicate whether the applicant will be present throughout the camping activity (**yes / no**).
If not, provide the name of the responsible person who will be present, at least 21 years of age.

Applicant's Signature: _____

Camping Permission: Approved: _____ Denied: _____ Date: ____/____/____

Commission Signatures: _____

Additional Conditions: _____



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Camp Fire:

Please have the Fire Chief (for camp fire only) sign before submitting this request to the Conservation Commission for approval.

The fire must not be left unattended and must be at least 75 feet from any structure. Applicant will have available water supply, rakes, shovels, etc. for controlling fire. All wood for fires must be brought onto the property by the applicant. No trees may be cut or downed wood taken for use in any fire.

I agree to conform to all the Rules and Regulations of Massachusetts Fire Reg. 310 CMR 7.07 (www.lawlib.state.ma.us/source/mass/cmr/index.html) as well as to abide by all Rules and/or Regulations set by the Fire Chief including paying any fees and/or filling out any applications.

Applicant's Signature: _____

Fire Chief: Approved: _____ Denied: _____ Date: ____/____/____

Fire Chief Signature: _____

Additional Conditions: _____

Date Conservation Commission notified Police Department: ____/____/____

Officer's Name: _____