

LUDLOW FIRE DEPARTMENT

File # _____

APPLICATION FOR THE INSTALLATION/ALTERATION OF A FIRE ALARM SYSTEM

In accordance with the provisions of Massachusetts 527 CMR Fire Prevention Regulations 1.04 and 10.03 (15), application is hereby made for the installation/alteration of a fire alarm system at the following described location:

LOCATION: _____
CO or INDIVIDUAL NAME: _____
ADDRESS OF OWNER: _____ <small>(STREET) (CITY OR TOWN) (STATE) (ZIP CODE)</small>
PHONE # _____

INSTALLATION CO: _____	
ADDRESS: _____ <small>(STREET) (CITY OR TOWN) (STATE) (ZIP CODE)</small>	
PHONE # _____	LICENSE # _____

MAKE & MODEL OF FACP _____		
# SMOKE DETECTORS _____	# HEAT DETECTORS _____	# DUCT DETECTORS _____
# PULL STATIONS _____	SUPPRESSION SYSTEM (S) TRIP ALARM _____	
# SPRINKLER FLOW ALARM _____	# SPRINKLER TAMPER ALARM _____	
ALARM SYSTEM MONITORED _____	BY WHO _____	
START DATE _____		

It is agreed this installation shall comply with Ludlow Fire Department Guidelines, Massachusetts State Building Code, Massachusetts Fire Prevention Regulations, Massachusetts General Laws and applicable National Fire Protection Association Standards.

(signature of applicant) **DATE** _____

FEE: Permit fee to be paid at time of application.

Upon completion call the Ludlow Fire Department between the hours of 8:30 to 4:30 Monday through Friday to schedule inspection.

Fire Department 583-8332

Permit # _____