TOWN OF GRAFTON FIRE DEPARTMENT
26 UPTON STREET
GRAFTON,MASSACHUSETTS 01519
Phone:(508)839-4606
www.grafton-ma.gov

The Following Documentation/Information Shall Be Provided With This Application For Fire Department Approval for MGL 148 Section 26F 1/2 for New Construction:

- ◯ **(Cut Sheets)**
- ◯ **(81/2x11 copy of drawing showing Fire Protection / Dectection Devices only)**
- ◯ Must have documentation from Installing Contractor that detectors have been installed in accordance to the manufacturer's instructions.
- ◯ Please Submit the Following Document from the Building Department "Additional Information Required as Part of Building Permit Application to Install Automatic Fire / Smoke Detection Systems within a Residential Dwelling"

Fee: $50.00 Paid ☐ Due ☐

Application Received _____
(Date)

System Approved by: _____
(Signature)

Approval does not relieve the contractor of further review. The contractor has the sole responsibility to furnish and install according to all codes and ordinances.

Office Use Only

OCCUPANCY INSPECTION REPORT

Date of Inspection _____
(Date)

Pass ☐

Fail ☐

Reinspect _____ Pass ☐ Fail ☐
(Date of re-inspection)

Inspector _____
(Inspector's Signature)

_____
_____
_____
comments

Additional Information Required as Part of Building Permit Application
to Install Automatic Fire / Smoke Detection Systems
within a Residential Dwelling
All work to be performed in accordance to all applicable codes and regulations.

Date: _____ **City or Town of:** ***GRAFTON***

Application is hereby made, in accordance with the provisions of M.G.L. Chapter 148, Fire Prevention Regulations 527 CMR, NFPA, the State Building Code and regulations made under authority thereof, by the undersigned, for permit to install at the location named herein, Automatic Fire/Smoke Detection equipment as described.

Owner of Property _____ **Telephone No.** _____

Address of Installation _____

Number of Dwelling Units _____

for permission to: **install an Automatic Fire/Smoke Detection System as described below.**

Is This In Conjunction With A Building Permit? _____

Does Structure Contain Fossil Fuel Burning Equipment? _____ If yes, CO Alarms Required

Does Structure Incorporate Enclosed Parking(attached or within) _____ If yes, CO Alarms Required

Description of work to be performed (Narrative)**:** _____

_____

_____

Description of Equipment to be Installed

New System ☐

Add to Existing System ☐

Name of System	Model Number	Model Number
Name of System	Model Number	Model Number

No. of Floors in Structure (existing)		**No. of New Bedrooms**	
Additional Level Proposed (yes/no)		**No. of New Detectors**	
No. of Existing Bedrooms		**No. of New Carbon Monoxide Detectors**	
No. of Existing Detectors		**No. of New Heat Detectors**	

Installer's Information:

Name: _____

Address: _____

Cert / License: _____

System Approved by: _____