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The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Fire Safety Commission

Automatic Sprinkler Appeals Board

P.O. Box 1025 ~ State Road

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MAURICE M. PILETTE
CHAIRMAN

PATRICIA BERRY
VICE CHAIR

AUTOMATIC SPRINKLER APPEALS BOARD

APPEAL APPLICATION FORM

(Form ASAB-1, p.1)

Filing Fee: \$100.00 (Make check payable to the Commonwealth of Massachusetts)

Please print or type:

The undersigned, _____ hereby appeals a determination of the Head of the Fire Department from the City/Town of _____ which was received on, (date) _____. I am aggrieved by such interpretation order, requirement or direction issued under the provisions of: (check applicable section of the Massachusetts Law)

M.G.L., c.148, s. 26A 1/2 ()
M.G.L., c.148, s.26 G ()
M.G.L., c.148, s.26 G1/2 ()
M.G.L. c.148, s.26 H ()

I seek the following relief from said determination: (state the specific grounds and reasons for filing this appeal. (Attach additional statement if necessary)

Appellant: (print name) _____ **Phone number** _____

Address for Service:

Address of building involved:

Appellant's relationship with the Building Involved:

Form ASAB-1 revised 3/05

For State Use Only:

Docket #:

Date Rec'd:

Rec'd By:

Check #:

**AUTOMATIC SPRINKLER APPEALS BOARD
INSTRUCTIONS TO FILE AN APPEAL**

(ASAB-1, p.2)

(Check all boxes and submit with your appeal)

Incomplete appeal forms will be rejected

☐ (1) Whoever is aggrieved by the head of the fire department's interpretation, order, requirements, direction or failure to act under the provisions of M.G.L. Chapter 148, Section 26A 1/2, 26G, 26G1/2 or 26H, shall within **forty-five days** after the service of notice thereof, appeal such interpretation, order, requirement, direction or failure to act to the Automatic Sprinkler Appeals Board.

☐ (2) The appellant, or his/her representative, shall file a completed appeal application form (form ASAB-1) with the Fire Safety Commission's Automatic Sprinkler Appeals Board, P.O. Box 1025, State Road, Stow, MA. 01775. Eight **(8) copies** of the application and supporting documents together with the **\$100.00 filing fee**, made payable to the *Commonwealth of Massachusetts* must accompany the application.

☐ (3) You must also file with the appeal application the enclosed **affidavit**, under oath, stating: (1) that you are the **Authorized Representative** of the appellant/owner of the property which is the subject of the appeal **and** (2) that you have served a **complete copy** of all submitted appeal documents upon the head of the fire department who issued the determination which is the subject of the appeal.

☐ (4) Include with your appeal a copy of the **Written Determination** or **Order of Notice** issued by the head of the Fire department, which is the basis for this appeal.

☐ (5) You must submit a **written detailed statement or memorandum** of the reasons for the relief requested. You should include specific details about the building such as, but not necessarily limited to: the building size, interior dimensions, building type/ classification, posted capacity, and existing fire safety features. You should give the specific reasons why you feel that the building should not be subject to the determination of the fire department.

**APPLICATION FOR APPEAL
AUTOMATIC SPRINKLER APPEALS BOARD
Affidavit of Applicant
(ASAB-1, p.3)**

In accordance with the provisions of Massachusetts General Laws chapter 148, s. 26A1/2, 26G, 26G1/2, or 26H the undersigned hereby files an appeal relating to the property, building or structure described below.

I hereby swear and affirm that I am the legal owner of said property, building or structure or that I am the lawful representative of the owner of said property, building or structure for the purposes of filing and presenting this appeal. (Written documentation of such authorized representation shall be included with the appeal)

I further swear and affirm that I have served a copy of this appeal, and all documents included with this appeal to the Head of the Fire Department.

I have enclosed a check or money order for \$100.00 payable to the Commonwealth of Massachusetts.

Subscribed and sworn by me on (date) _____.

Appellant: _____

Appellant's signature: _____

Address of the Property,
building or structure
which is the subject of this appeal:
