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The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Fire Prevention Regulations Appeals Board
P.O. Box 1025 ~ State Road
Stow, Massachusetts 01775
(978) 567-3181 Fax: (978) 567-3121

FIRE PREVENTION REGULATION APPEALS BOARD
APPEAL APPLICATION FORM

Please print or type:

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

527 CMR _____ (add section(s) of Code)

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 _____

Email address _____

Mailing Address: _____

Address of Property Involved: _____

***Filing Fee: \$150.00 (make check or money order payable to the "Commonwealth of Massachusetts")

Form FPRAB-1 revised 02/2023

For State Use Only:

Docket #:

Date Rec'd:

Rec'd By:

Check #:

**APPLICATION FOR APPEAL
FIRE PREVENTION REGULATIONS APPEALS BOARD**

Affidavit of Applicant
(FPRAB-1, p.2)

I hereby swear and affirm that I am the Appellant or the legal representative of the Appellant and have the legal authority to file this appeal and/or represent the Appellant in this matter. (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 proper enforcement official.

Name of official and Department: _____

Date of service: _____

I have enclosed a check or money order for \$150.00 payable to the Commonwealth of Massachusetts.

Subscribed and sworn by me on (date) _____.

Appellant: _____

Appellant's signature: _____

Address: _____

FIRE PREVENTION REGULATIONS APPEALS BOARD
INSTRUCTIONS TO FILE AN APPEAL

(FPRAB-1, p. 3)

(Check all boxes and submit with your appeal. Incomplete appeal forms may be rejected.)

- ☐ (1) Read carefully and understand the May 1, 2020 Guidance Memorandum issued by the Fire Prevention Regulations Appeals Board. The guidance document gives you important information about the procedures and jurisdiction of the Appeals Board. Filing an appeal to the proper appellate jurisdiction is often a time sensitive matter and care should be taken to assure that the matter is not within the jurisdiction of another appeals board or appellate procedure. Filing your appeal to the wrong board or following the wrong appellate procedure, may preclude you from exercising your legal rights.

- ☐ (2) Whoever is aggrieved by any decision, order or requirement of any state or local official charged with the enforcement of the State Fire Code, relative to the fire protection requirements of buildings or structures, may appeal such action to the Fire Prevention Appeals Board. The appeal must be filed within 45 **forty-five days** following the service of notice of such decision, order or requirement.

- ☐ (3) The appellant, or his/her representative, shall file a completed appeal application form (form FPRAB-1) with the Fire Prevention Regulations Appeals Board, P.O. Box 1025, State Road, Stow, MA. 01775. Seven (7) **COLOR copies** (where applicable) of the application and supporting documents together with the **\$150.00 filing fee**, made payable to the "*Commonwealth of Massachusetts*" must accompany the application.

- ☐ (4) 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 official (usually the head of the fire department) who issued the determination which is the subject of the appeal.

- ☐ (5) Include with your appeal a copy of the **Written Determination** or **Order of Notice** issued by the enforcement official, which is the basis for this appeal.

- ☐ (6) You must include with this application a written statement of the reasons for the relief requested. You shall include the specific details and facts about your case and the technical or legal reasons why the enforcement official's decision should be reverse or modified. Copies of all relevant plans, drawings, photographs expert findings/analysis or any other documents should accompany this application. All documents, including any photographs shall be no larger than 8½"x 11" or have the capability of being easily folded into a size no greater than 8½"x 11".