



FP -007D

The Commonwealth of Massachusetts

City / Town of _____

➔ Return completed application to: _____ ➜



PERMIT FOR INSTALLATION OF CARBON MONOXIDE TECHNICAL OPTIONS (527 CMR 1.00 Section 13.7.7)

City/Town

Date

Address of Installation:

In accordance with the provisions of
M.G.L. 148 Sec. 26F½ and 527 CMR 1.00
application is hereby made by:

(Person) (Firm)

(Address)

(City/Town) (State)

(Tel.)

Permit No.

Fee

For permission to install carbon
monoxide alarm protection in
accordance with technical option(s)

-Option A
-Option B
-Option C
-Option D
-Option E
-Option F
-Option G
-Option H

(Check all that apply)

Signature of Applicant

PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED. PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.

FIRE DEPARTMENT USE ONLY:

Approval for installation granted

Date

Signature and Title of Fire Department Official

Completed installation approved

Date

Signature and Title of Fire Department Official