



Devens Fire Department

Fire – Emergency Medical Services – Specialized Rescue – Public Education
182 Jackson Road, Devens, MA 01434
978-772-4600 Fax: 978-772-8819

Application to **ALTER OR REPAIR** Fire Alarm Systems

Date: _____

Permit Number _____

Master Box # _____

Please Check One: Alteration Repair

Facility Name: _____ Contact Name _____

Address _____ Ma, 01434

Phone _____ Email: _____

Contractor/Installer Information:

Company Name: _____ Contact Name _____

Phone: _____ Email: _____

Installer Name: _____ License Number: _____

REQUIRED DOCUMENTS:

Cut Sheets/Shop Drawing Narrative

System Manufacturer Name _____

Total Number of Devices _____

Heat: _____ Fixed Temp: _____ Rate of Rise _____ Smokes _____ Duct Smokes _____ Pull Stations _____ Flow Switches _____

Horn Strobes _____ Other _____

Comments: _____

Plan Approval: Yes: _____ No: _____ AHJ Initial _____

Permit Issued by: _____ Date _____

Fee: \$25.00 Paid: Date: _____ **Checks payable to *Mass Development* ~ Major Credit Cards Accepted**

AHJ Final Inspection: _____ Date: _____

**Please submit completed applications to the DEVENS Fire Dept. 182 Jackson Rd, Devens Ma
Email Captain Todd Whittier at twhittier@massdevelopment.com**

Devens Fire Prevention Office Hours, Monday through Friday 8:00-4:00

The Devens Fire Department is a division of MassDevelopment

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DEVENS
MASSACHUSETTS

