



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** Sprinkler System

Date: _____ Permit #: _____

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

Alteration Information: System Type: Wet _____ Dry _____ Other _____

Number of Heads: _____ Type of Heads: _____

Number of Risers: _____ Type of Valve: OSY _____ PIV _____ Both _____

Number of Zones: _____

Comments: _____

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

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

Revised 2025

The Devens Fire Department is a division of MassDevelopment

DEVENS
MASSACHUSETTS

