



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

PERMIT FOR FIRE ALARM REPAIR

MASTER BOX # _____

Date: _____ Permit #: _____

Please Check One: Altering _____ Repairing _____

Location: _____ Phone: _____

Building Usage: _____

Number of Floors: _____ Number of Square Feet: _____

Owner: _____

Address: _____

Daytime Phone: _____ Nighttime Phone: _____

Contractor's License: _____

Installer: _____ License Number: _____

Installer's Address: _____

Installer's Phone Number: _____

Manufacturer of Control Panel: _____

Number of Heat Detectors: _____ Fixed Temp: _____ Rate of Rise: _____

Number of Smoke Detectors: _____ Number of Pull Stations: _____

Number of Flow Switches: _____ Number of Duct Detectors: _____

Plans Approved by Chief: Yes _____ No _____

NOTE: Give brief description of what work is being done. (be specific)

Fee: _____ Due: _____ Paid: _____ Date: _____

Inspected by: _____ Date: _____

**Please return this form in person to the Devens Fire Department for processing.
 Checks can be made payable to: MassDevelopment**

The Devens Fire Department is a division of MassDevelopment

