



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

**PLAN REVIEW FOR NEW FIRE ALARM WORK** **MASTER BOX #** \_\_\_\_\_

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

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)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*\*A copy of the plans for the new system MUST be submitted to the Fire Chief\*\*\***

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*

