



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: _____

Completed permit applications can be dropped off or mailed to the Devens Fire Station. If you would prefer to email, please send to Shelly Testa at stesta@massdevelopment.com.

All major credit cards are accepted by phone. Call 978-772-4600. Checks are payable to MassDevelopment. The Devens Fire Station is open Monday thru Friday from 8 a.m. to 4 p.m.

The Devens Fire Department is a division of MassDevelopment

