

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 <u>NEW</u> SPRINKLER SYSTEMS

Date:	Master Box #:			
Location:	tion:I		Phone:	
Owner:		Phone:		
Address:				
Contractor:		License Number:		
Installer:		License Number: _		
Plans Approved by Chief: Yes	s No	Date:		
System Type: Wet	_ Dry Other _			
Number of Heads:	_ Type of Heads:			
Number of Risers:	Type of Valve: OSY	PIV Both		
Number of Zones:	_ Stand Pipe Connectio	ns: Yes No	_	
Size and Type of thread on st	andpipe connection:			
Installing a 4: Stortz Fire Depart	artment connection with a	cap on site: Yes	No	
How is sprinkler alarm system	n being monitored?			
NOTE: If this is a sprinkler rep	pair, what work is being d	one? (be specific)		
Fee: Due:	Paid:	Date:		
Fees for sprinkler head repair	s: \$25			
1 to 9 \$25	10 to 50 \$50	51 to 100 \$100	101 to 200 \$200	
201 to 300 \$300	301 and up \$400			
Plan reviewed by:		Date:		
Approval sent to DEC		Date:		
Email address if you wish to I	have approval letter sent	i:		

Completed permit applications can be dropped off or mailed to the Devens Fire Station. If you would prefer to email, please send to Captain Todd Whittier at twhittier@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.

