



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 SPRINKLER SYSTEMS

Date: _____ Master Box #: _____

Location: _____ Phone: _____

Owner: _____ Phone: _____

Address: _____

Contractor: _____ License Number: _____

Installer: _____ License Number: _____

Plans Approved by Chief: Yes _____ 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 Connections: Yes ____ No ____

Size and Type of thread on standpipe connection: _____

Installing a 4: Stortz Fire Department connection with cap on site: Yes ____ No ____

How is sprinkler alarm system being monitored? _____

NOTE: If this is a sprinkler repair, what work is being done? (be specific)

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

Inspected by: _____ Date: _____

Fees for sprinkler head repairs: \$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

Fire Chief: _____

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

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