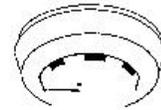




Westford Fire Department
51 Main Street, Westford, MA 01886
Telephone: 978-692-5542 Fax: 978-692-6903



RESIDENTIAL PERMIT FOR INSTALLATION OF SMOKE ALARMS

Date _____

Permit Number _____

To: Head of the Fire Department, Westford, Massachusetts

Application is hereby made for the installation of Smoke Alarms and/or Fire Alarm System as provided for therein at the following described premises:

Location of Property _____
Owner of Property _____ Telephone Number _____
Address of Owner _____
Name of Installer _____ Telephone Number _____
Address of Installer _____ License Number _____

It is agreed that the installation shall comply with the Westford Fire Department Guidelines and the provisions of the most recent editions of 527 CMR Board of Fire Prevention Regulations and M.G.L. Chapter 148.

Receipt or Check # _____ Fee Paid _____ Issued By: _____

This is an Application Only, not a Permit

Online Copy