



WESTFORD FIRE DEPARTMENT
 PO BOX 296, 51 MAIN STREET,
 WESTFORD MA 01886
 TEL 978-692-5542 FAX 692-6903

APPLICATION TO PERFORM SPRINKLER WORK

Date: _____ Permit # _____

Company Name _____ Telephone # _____

Address _____

Company License # _____ Expiration Date _____

Journeyman's License # _____ Expiration Date _____

Company Insurance Certificate Attached YES NO In the Amount of: \$ _____

In Accordance with the provisions of Chapter 148 M.G.L. as provided in section 10A and 27A for permission to perform sprinkler work as follows:

State clearly the work
 You are planning to perform
 Please note: Relocation or
 Adding 10 or more Heads
 Require "AS BUILT" Plans.

Work being performed at the following Address: _____

Approximate amount of days to complete: _____

Date of Issue _____ Date of Expiration _____

Fee Paid: \$ _____ Receipt or Check # _____

Signature of Applicant _____ Issued By: _____

This is an Application only, not a Permit.