



The Commonwealth of Massachusetts

City/Town of Attleboro



Application for Fire Alarm Permit

Building Department

FP-006 (Rev. 1.2018)

Return completed application to: Attleboro Fire Prevention 1476 West St. Electrical Permit #

Permit Number: \_\_\_\_\_

City or Town: Attleboro

Date: \_\_\_\_\_

DIG SAFE NUMBER
Start Date: \_\_\_\_\_

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section 27A application is hereby made by (Full Name of Person, Firm or Corporation) (Phone Number)

of (Address: Street or P.O. Box, City or Town, Zip Code)

for permission to (state clearly purpose for which permit is requested)

Name of Competent Operator (if applicable) Cert. No.

Date Issued-rejected By (Signature of Applicant)

Date of expiration Fee \$50.00 Amount Paid \$

Handwritten mark



The Commonwealth of Massachusetts

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PERMIT

FP-006 (Rev. 1..2018)

City or Town: Attleboro

Date: \_\_\_\_\_

Permit Number (if applicable): \_\_\_\_\_

DIG SAFE NUMBER
Start Date: \_\_\_\_\_

In accordance with the provisions of M.G.L. Chapter 148, as provided in 27A this permit is granted to (Full Name of Person, Firm or Corporation)

for

Restrictions: Electrical Permit Required. Shut Down of Fire Protection System Requires 24 Hour Notice to Superintendent of Fire Alarm

at (Street and # or Describe Location for Adequate Identification)

Fee Paid \$ This permit will expire on

Signature of Official Granting Permit: Title Superintendent of Fire Alarm

This permit must be conspicuously posted upon the premises