



The Commonwealth of Massachusetts

City/Town of Attleboro



Application for Sprinkler Permit

Building Department

FP-006 (Rev. 1.2018)

Return completed application to: Attleboro Fire Prevention 1476 West St. Building 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

City/Town of Attleboro



FP-006 (Rev. 1.2018)

PERMIT

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: Building 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