CITY OF CAMBRIDGE
FIRE DEPARTMENT

ISO CLASS 1
FIRE HEADQUARTERS
491 BROADWAY, CAMBRIDGE, MA. 02138
ph(617) 349-4918 fax(617) 349-4979

Application and Permit
Fire Suppression

In accordance with the provisions set forth in MGL Chapter 148 Section 27A; 527 CMR Board of Fire Prevention Regulations Section 10, and 780 CMR Massachusetts State Building Code Section 9, application is hereby made by:

Name: _____
(Full Name of Person, Firm, or Corporation)

Address: _____
(Street or PO Box)

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

For Permission To Install, Modify, Repair Or Remove Any Fire Suppression System, Water Main, Fire Hydrant Or Any Device Used For Fire Protection

Job Location: _____ Floor/Area: _____

Start Date: _____ Expiration Date: _____

Contracted By: Bu _____ ilding Permit#: _____
Fire Permit Not Valid Without Building Permit

Sprinkler Contractor License #: _____

Certificate of Competency# _____ Certificate of Registration# _____

Submittals: ☐ Fire Protection Affidavit ☐ Fire Protection Narrative ☐ Impairment Plan
☐ Shop Drawings H ☐ ydraulic Calculations C ☐ D Disk

Description of Work:
_____

Fire protection systems shall not be disconnected or otherwise rendered unserviceable without first notifying the Fire Department. Applicant shall provide a written letter signed by the property owner or his agent acknowledging responsibility for the fire protection system during impairment. Fire protection systems must be restored at the end of each workday. A Fire Watch may be required pursuant to the nature of the impairment. By signing, I hereby acknowledge to abide by the requirements set forth in MGL 148 27A; 527CMR Section 10; 780CMR Section 9 and the requirements of the Cambridge Fire Department.

Signature of Applicant: _____ Date: _____

Signature of Official Granting Permit: _____

for office use only

Permit Number: _____
(NOT VALID WITHOUT PERMIT NUMBER)

This permit must be conspicuously posted upon the premises

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