



CITY OF CAMBRIDGE
FIRE DEPARTMENT
 ISO CLASS 1
 FIRE HEADQUARTERS
 491 BROADWAY, CAMBRIDGE, MA. 02138
 ph(617) 349-4918 fax(617) 349-4912



Application and Permit
Fire Alarm

In accordance with the provisions set forth in MGL Chapter 148 Section 27A; 527 CMR Board of Fire Prevention Regulations Section 24, 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 Detection System, Fire Warning System, Smoke Alarm Or Any Device Used For Fire Protection

Job Location: _____ Floor/Area: _____

Start Date: _____ Expiration Date: _____

Contracted By: _____ Building Permit#: _____

Electricians License #: _____ Technician License #: _____
Fire Permit Not Valid Without Building Permit

Submittals: Fire Protection Affidavit Fire Protection Narrative Impairment Plan
 Shop Drawings List of Devices CAD 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 §24; 780CMR §9 and the requirements of the Cambridge Fire Department.

Signature of Applicant: _____ Date: _____

Signature of Official Granting Permit: _____

Permit Number: _____ for office use only
(NOT VALID WITHOUT PERMIT NUMBER)

➔ **This permit must be conspicuously posted upon the premises** ←