



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 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: Bu

ilding Permit#:

Fire Permit Not Valid Without Building Permit

Electricians License #:

Technician

License #:

Submittals: Fire Protection Affidavit
Shop Drawings Arc
List of Devices

Fire Protection Narrative
hitectural Plans

CAD
Impairment Plan
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: _____

for office use only

Permit Number: _____

(NOT VALID WITHOUT PERMIT NUMBER)

➡ **This permit must be conspicuously posted upon the premises** ⬅