



(rev. 3/00)

The Commonwealth of Massachusetts
Department of Fire Services - Office of the State Fire Marshal
P. O. Box 1025, State Road, Stow, MA 01775



APPLICATION FOR PERMIT

City or Town Andover

Date _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section 10A _____, application is hereby made

by _____
(Full name of person, Firm or Corporation)

at _____
(Street or P.O. Box) (City or Town)

For permission to (state clearly purpose for which permit is requested) Install a sprinkler system.
Condition of Permit:

- As-built plans to be submitted by installing contractor. _____
- Certification, stamp and signature of responsible Fire Protection Engineer. _____
- Material, Test, Performance and Completion Certificates from installing contractor. _____
- Witnessed functional test by Building & Fire Officials prior to occupancy. _____

Name of competent operator (If Applicable) _____ Cert. No. _____

Date Issued-rejected _____ By _____
(Signature of Applicant)

Date of expiration _____ Fee _____ \$ Paid _____ Due _____