



Commonwealth of Massachusetts

DPL Office of Public Safety and Inspections

Tier Two Fire Protection Construction Document Submittal Form

(This Section For Official Use Only)

Received by:

Date:

Approval #

Bldg. Official:

Date:

Section 1: Location

Street Address: City/Town: Zip Code:

Assessors Map # ; Block # and /or Lot#

Name of Building (If Applicable):

Building Permit # (Required except if this form is submitted as part of the initial building permit application.)

Section 2: Proposed Work

Edition of MA State Code Used:

New System: ; Repair: ; Modification: ; Required System: ; Non-Required System:

Fire Alarm System: ; Carbon Monoxide Protection: ; Automatic Sprinkler System: ; Fire Pump:

Automatic Fire Extinguishing System: Type: Clean Agent , Dry Chemical , Wet Chemical , Foam , Other

Standpipe System: Class: I Type: Automatic Wet

Emergency Responder Radio Coverage:

Private Underground Fire Mains and Yard Hydrants:

Brief Description of Proposed Work:

Section 3: Contractor Information

Contractor/Company:

Address:

City/Town: State: Zip Code:

Telephone # Fax #

Contractor/Company License # Expiration Date:

Installing Contractor: (Individual Responsible for the Installation)

Installing Contractor License # Expiration Date:

Telephone # Email:

Section 4: Registered Professional

Registered Professional: Registration #

Company: Telephone#

Address: City/Town: State: Zip Code:

Email:

Section 5: Signature of Applicant

By entering my name below, I hereby attest under the pains and penalties of perjury that all the information contained in this form is true and accurate to the best of my knowledge and understanding.

Name: Date:

Address: City/Town: State: Zip Code:

Telephone # Email: