



# 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: