



FP -007D

The Commonwealth of Massachusetts

City / Town of _____

Return completed application to: _____



PERMIT FOR INSTALLATION OF CARBON MONOXIDE TECHNICAL OPTIONS (527 CMR 1.00 Section 13.7.7)

City/Town

Date

Address of Installation:

In accordance with the provisions of M.G.L. 148 Sec. 26F½ and 527 CMR 1.00 application is hereby made by:

(Person) (Firm)

(Address)

(City/Town) (State)

(Tel.)

Permit No.
Fee

For permission to install carbon monoxide alarm protection in accordance with technical option(s)

- Option A
Option B
Option C
Option D
Option E
Option F
Option G
Option H

(Check all that apply)

Signature of Applicant

FIRE DEPARTMENT USE ONLY:

Approval for installation granted

Date

Signature and Title of Fire Department Official

Completed installation approved

Date

Signature and Title of Fire Department Official