



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

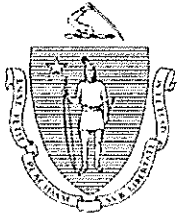
Date

Signature and Title of Fire Department Official

Completed installation approved

Date

Signature and Title of Fire Department Official



FP-007E

The Commonwealth of Massachusetts

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Carbon Monoxide Technical Options Annual Certificate of Inspection/Maintenance & Testing

Property Name: _____ Owner Contact: _____

Property Street Address _____ City _____ State _____ Zip _____

Telephone _____

Testing Company: _____

Street Address _____ City _____ State _____ Zip _____

Representative _____ License No _____ Telephone _____

Problems/Deficiencies Noted

This report indicates the carbon monoxide alarm protection equipment was in working order and in accordance with applicable NFPA standards, and in compliance with the State Fire Code.

Inspector _____

Name of Owner/Representative _____

Date _____

Time _____

Date _____

Time _____

Signature _____

Signature _____

Notice of Inspection Failure sent to Local Fire Department:

Dept.: _____

Date: _____