



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

***Original to Fire Department
Copy to Applicant***