



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