Devens Fire Department



Fire – Emergency Medical Services – Specialized Rescue – Public Education 182 Jackson Road, Devens, MA 01434 978-772-4600 Fax: 978-772-8819

NEW FIRE ALARM SYSTEM

Plan Review and Permit Application

Date:	Mas	ster Box #	Permit #		
Location:					_
Use Group/ Hazard Classification	nTotal I	Number of Floors:	Total Square	Feet:	_ =
Property Owner/General Contr	actor:				
Contact:					
Address:					
Phone:	Email:				
Installation Contractor/Compa	ny Name				→ 0
Contractor/Installer Name:		License Nur	mber#		
Address:				Y	
Phone:	Email;				
REQUIRED DOCUMENTS:					
Fire Protection Engineer Stampe	d Plans	Narrative 🔲	Cut Sheets		
Fire Alarm System Manufacturer:					
Heat: Fixed Temp: Switches Horn Strobes	Rate of Rise Other	Smokes Total I	_ Duct Smokes Number of Devices _	_ Pull Stations	Flow
Secondary Monitoring Provider:			x		
Plan Approval: Yes:No:					
Permit Issued by:			Date		
Fee: \$150.00 Paid: Date:	Check	s payable to <mark>Mass</mark>	: <mark>Development∼ M</mark> ajo	or Credit Cards Ad	cepted
AHJ Final Inspection:			Date:		

Please submit completed applications to the DEVENS Fire Dept. 182 Jackson Rd, Devens Ma 01434 Email Captain Todd Whittier at twhittier@massdevelopment.com

Devens Fire Prevention Office Hours, Monday through Friday 8:00-4:00

Revised 2025

