



Devens Fire Department

Fire – Emergency Medical Services – Specialized Rescue – Public Education
115 Queenstown St, Devens MA
978-772-4600 Fax: 978-772-8819

NEW FIRE ALARM SYSTEM

Plan Review and Permit Application

Date: _____ Master Box # _____ Permit # _____

Location: _____

Use Group/ Hazard Classification _____ Total Number of Floors: _____ Total Square Feet: _____

Property Owner/General Contractor: _____

Contact: _____

Address: _____

Phone: _____ Email: _____

Installation Contractor/Company Name _____

Contractor/Installer Name: _____ License Number# _____

Address: _____

Phone: _____ Email: _____

REQUIRED DOCUMENTS:

Fire Protection Engineer Stamped Plans Narrative Cut Sheets

Fire Alarm System Manufacturer: _____

Heat: _____ Fixed Temp: _____ Rate of Rise _____ Smokes _____ Duct Smokes _____ Pull Stations _____ Flow
Switches _____ Horn Strobes _____ Other _____ **Total Number of Devices** _____

Secondary Monitoring Provider: _____

Plan Approval: Yes: _____ No: _____ AHJ Initial _____

Permit Issued by: _____ Date _____

Fee: \$150.00 Paid: Date: _____ **Checks payable to *MassDevelopment* ~ Major Credit Cards Accepted**

AHJ Final Inspection: _____ Date: _____

Please submit completed applications to the DEVENS Fire Dept. 115 Queenstown St, Devens MA 01434
Email Captain Todd Whittier at twhittier@massdevelopment.com
Devens Fire Prevention Office Hours, Monday through Friday 8 a.m. – 4 p.m.

Revised 2025

The Devens Fire Department is a division of MassDevelopment

