



# Devens Fire Department

Fire – Emergency Medical Services – Specialized Rescue – Public Education

115 Queenstown St., Devens, MA 01434  
978-772-4600 Fax: 978-772-8819

## Application to **ALTER OR REPAIR** Sprinkler Systems

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Please Check One: Alteration  Repair

Facility Name: \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ MA, 01434

Phone \_\_\_\_\_ Email: \_\_\_\_\_

### Contractor/Installer Information:

Company Name: \_\_\_\_\_ Contact Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Installer Name: \_\_\_\_\_ License Number: \_\_\_\_\_

REQUIRED DOCUMENTS: Cut Sheets/Shop Drawing  Narrative

Alteration Information: System Type: Wet \_\_\_\_\_ Dry \_\_\_\_\_ Other \_\_\_\_\_

Number of Heads: \_\_\_\_\_ Type of Heads: \_\_\_\_\_

Number of Risers: \_\_\_\_\_ Type of Valve: OSY \_\_\_\_\_ PIV \_\_\_\_\_ Both \_\_\_\_\_

Number of Zones: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Plan Approval: Yes: \_\_\_\_\_ No: \_\_\_\_\_ AHJ Initial \_\_\_\_\_

Permit Issued by: \_\_\_\_\_ Date \_\_\_\_\_

Fee: \$25.00 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**  
Email Captain Todd Whittier at [twhittier@massdevelopment.com](mailto:twhittier@massdevelopment.com)

Devens Fire Prevention Office Hours, Monday through Friday 8 a.m. – 4 p.m.

The Devens Fire Department is a division of MassDevelopment

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