

DATE SCHEDULED \_\_\_\_\_

DAY \_\_\_\_\_

TIME \_\_\_\_\_

PERMIT # \_\_\_\_\_

CHECK # \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_



## CITY OF SOMERVILLE, MASSACHUSETTS

### FIRE DEPARTMENT

### FIRE PREVENTION BUREAU

1 Franey Road Somerville, Massachusetts 02144

TEL: (617) 623-1700 Ext#8400

FAX: (617) 666-4597

## APPLICATION FOR CERTIFICATE OF COMPLIANCE

### FOR SALE OR PURCHASE

In accordance with the provisions of MGL Chapter 148, as provided in Section 26, this application is hereby made to inspect the installation of approved smoke detectors and carbon monoxide alarms; as required by Section 26C, 26E, 26F and 26F1/2.

PROPERTY ADDRESS \_\_\_\_\_

UNIT OR CONDO # \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

*(Full name of person, firm or corporation)*

EMAIL ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ DATE OF CLOSING \_\_\_\_\_

*(# for contact person that will be present during inspection)*

NUMBER OF DWELLING UNITS TO BE INSPECTED \_\_\_\_\_

TOTAL DWELLING UNITS ON PROPERTY \_\_\_\_\_

COMMERCIAL PROPERTY ATTACHED \_\_\_\_\_ NAME OF BUSINESS \_\_\_\_\_

PROPERTY SPRINKLERED *(Circle)* YES / NO

FIRE ALARM MONITORING COMPANY \_\_\_\_\_

*Occupancies that are required to have annual Fire Alarm and Sprinkler tests are required to provide the Somerville Fire Prevention Bureau with current inspection documentation within full compliance no later than the date of the scheduled inspection. Sprinkler systems are required to be monitored.*

*Check or money order made payable to City of Somerville.*

*We cannot accept cash, credit card, or electronic transfer.*