



**Multi-Family:
3 or more units**

The Commonwealth of Massachusetts

Town of Hadley



Application for Standard Permit - RESIDENTIAL Installation/Alteration of Smoke/CO/Heat Detectors

FP-006

Return Completed Application to: Office of the Fire Chief-15 East Street-Hadley, MA 01035

Submit plans along with this form for review if new construction, 50% or more renovation or adding a bedroom. Approval by the Fire Chief or his designee is required before work or installation can begin.

Permit Number: _____

DIG SAFE NUMBER

City or Town: Town of Hadley

Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section 10A application is hereby made

by _____
(Full Name of Person, Firm or Corporation) (Phone Number)

of _____
(Address: Street or P.O. Box, City or Town, Zip Code) (Email)

for permission to (state clearly purpose for which permit is requested) _____
at address: _____

Name of Competent Operator(if applicable) _____ Cert. No. _____

Date Issued-Rejected _____ By _____
(Signature of Applicant)

Date of Expiration _____ Fee _____ Amount Paid _____



The Commonwealth of Massachusetts

Town of Hadley



FP-006

PERMIT

City or Town: Town of Hadley

DIG SAFE NUMBER

Date: _____

Permit Number (if applicable): _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section 10A this permit is granted

to _____
(Full Name of Person, Firm or Corporation)

for Permission to install a new _____ powered battery back up Smoke and Carbon Monoxide Detection and notification and heat detection system in an existing 3 or more family residential structure per submitted and approved drawings.

Restriction: Installation shall comply with all applicable codes & standards including 527 CMR 1.00 Fire Prevention Regulations & Referenced NFPA Standards including NFPA 1.00 with Massachusetts Amendments & referenced NFPA 72.

at _____ - Hadley, MA 01035
(Street and # or Describe Location for Adequate Identification)

Fee Paid \$ _____ This Permit will expire on _____

Signature of Official Granting Permit: _____ Title _____

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