



Winchester Fire Department

Fire Prevention Office
32 Mount Vernon Street
Winchester, Massachusetts 01890
Tel: (781) 729-1802 • Fax: (781) 721-6722



APPLICATION FOR PLAN REVIEW OF FIRE PROTECTION SYSTEM

Date _____

In accordance with the provisions of Chapter 214 of the acts of 1974, also known as Chapter 148, Section 28, application is hereby made for the plan review of a Fire Protection System as provided therein at the following described premises.

Location of Property _____

Owner of Property _____ Tel. No. _____

Address of Owner _____

Name of Installer _____ Tel. No. _____

Address of Installer _____ License No. _____

It is agreed that the installation shall comply with the Winchester Fire Department Guidelines and the provisions of the most recent editions of the State Building Code 780 CMR, the State Comprehensive Fire Safety Code 527 CMR1.00 and the National Fire Alarm Code NFPA 72 and NFPA 13, 13D, 13R, as applicable. Upon completion of installation, an inspection shall be conducted by a representative of the Winchester Fire Department, and a statement of Completion shall be signed by the installer.

FEE: _____ PAID: _____

COMPLETION OF THE INSTALLATION OF FIRE PROTECTION SYSTEM

Location of Property _____

I have installed this system in compliance with the Winchester Fire Department Guidelines and the provisions of the most recent editions of the State Building Code 780 CMR, the State Comprehensive Fire Safety Code 527 CMR 1.00 and the National Fire Alarm Code NFPA 72 and NFPA13, 13D, 13R, as applicable.

Installer signature _____ Date _____

Installer name _____ License No. _____

Inspected by _____ Date _____

Approved/Disapproved _____

Remarks _____

FEE: _____ PAID: _____

