



*The Commonwealth of Massachusetts*

City/Town of Attleboro

Application for Fire Alarm Permit



FP-006  
(Rev. 1.2018)

Return completed application to: Attleboro Fire Prevention 1476 West St. Electrical Permit # \_\_\_\_\_

Building Department

Permit Number: \_\_\_\_\_

City or Town: Attleboro

Date: \_\_\_\_\_

DIG SAFE NUMBER

Start Date: \_\_\_\_\_

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section 27A 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)

for permission to (state clearly purpose for which permit is requested) \_\_\_\_\_

Name of Competent Operator (if applicable) \_\_\_\_\_ Cert. No. \_\_\_\_\_

Date Issued-rejected \_\_\_\_\_ By \_\_\_\_\_  
(Signature of Applicant)

Date of expiration \_\_\_\_\_ Fee \$50.00 Amount Paid \$ \_\_\_\_\_



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**PERMIT**

City or Town: Attleboro

Date: \_\_\_\_\_

Permit Number (if applicable): \_\_\_\_\_

DIG SAFE NUMBER

Start Date: \_\_\_\_\_

In accordance with the provisions of M.G.L. Chapter 148, as provided in 27A this permit is granted  
to \_\_\_\_\_  
(Full Name of Person, Firm or Corporation)

for \_\_\_\_\_

Restrictions: Electrical Permit Required. Shut Down of Fire Protection System Requires 24 Hour Notice to Superintendent of Fire Alarm

at \_\_\_\_\_  
(Street and # or Describe Location for Adequate Identification)

Fee Paid \$ \_\_\_\_\_ This permit will expire on \_\_\_\_\_

Signature of Official Granting Permit: \_\_\_\_\_ Title Superintendent of Fire Alarm



**This permit must be conspicuously posted upon the premises**

