



The Commonwealth of Massachusetts
Department of Inspectional Services – Office of the Building Commissioner
1146 Route 28, South Yarmouth, MA 02664

APPLICATION FOR FIRE PROTECTION PERMIT

Date _____ PERMIT NUMBER _____

Projected Start Date: _____ Date of issue _____

In accordance with the provisions of 780 CMR and M.G.L. Chapter 148, as provided in Section _____

This application is hereby made by _____
(Full name of person, Firm or Corporation)

Address _____

(Contact #) _____ Email _____

Owner of property _____

Job Location _____
(Street & City or Town)

For permission to (state clearly purpose for which permit is requested) _____

Name of competent operator (if applicable) _____

Cert. or License No. _____ Estimated Cost of Construction: _____

By _____
(Signature of Applicant)

Building Official: _____ **Date:** _____

FEE: \$50.00