

**SMOKE / HEAT DETECTOR FORM**

# \_\_\_\_\_

Location of property to be inspected: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Owner's telephone: \_\_\_\_\_

Person making application: \_\_\_\_\_

Contact number for inspection day: \_\_\_\_\_

Number of detectors: \_\_\_\_\_

Number of Carbon Monoxide detectors: \_\_\_\_\_

For Office Use Only	
Shift	_____
Date	_____
Time	_____

<u>Type of Structure:</u>	<u>LEGEND:</u>
1 FAMILY ( )	S/B Smoke/Battery
2 FAMILY ( )	S/AC Smoke A/C
2 FAMILY ( )	H/AC Heat A/C
4-5 FAMILY ( )	P Panel
6-12 FAMILY ( )	FA Fire Alarm Box
13+ FAMILY ( )	
CONDO ( )	
OTHER ( )	

Owner or Broker's Signature: \_\_\_\_\_

**INSTALLER**

I have installed, at above listed address, smoke detectors which conform to the requirements as outlined under M.G.L. Sec 26B-F, and the Code of MA Reg. 527 CMR24.00

Installer's Name: \_\_\_\_\_

**ELECTRICIAN**

Electrician certifies that equipment is installed according to manufacturers recommendations:

Signature: \_\_\_\_\_ License #: \_\_\_\_\_

**Requirements:**

- Single Family Unit (existing): Battery Type Only
- Single Family Unit (New): A/C Wired Detectors
- Two Family Unit (Existing): Battery Type Only Including Common Areas
- Two Family Unit (New): A/C Wired Detectors Including Common Areas
- Three – Five Family Units: A/C Wired Common Areas / Battery Inside Apartments
- Six – Twelve Family Units: A/C Wired Common Areas / Battery Inside Units / Annunciator Panel
- Thirteen or More Units: A/C Wired Common Areas / Battery Inside Units / Annunciator Panel / Master Box
- Mixed Occupancy: Refer to State Recommendations

Completed form can be returned to:  
 FAIRHAVEN FIRE DEPARTMENT  
 146 WASHINGTON STREET, FAIRHAVEN, MA 02719  
 FAX # 508-994-1515