

SMOKE / HEAT DETECTOR FORM

Location of Property to be Inspected: _____
Owner's Name: _____
Owner's Telephone: _____
Name of Person Making Application: _____
Contact Number for Inspection Day: _____

For Office Use Only
Shift _____
Date _____
Time _____

Is this inspection for a [] Sale [] Renovation [] New Construction

(# of) _____ Smoke Ionization _____ Smoke Photo Electric _____ Carbon Monoxide
_____ Combo-Smoke/CO PE _____ Combo-Smoke/CO Ion _____ Dual PS/Ion

Year Built/Last Modified	Type of Structure	Legend
<i>Built Modified</i>	1 FAMILY []	S/B Smoke / Battery
Prior to 1975 [] []	2FAMILY []	S/AC Hard Wired
1975 - 1997 [] []	3FAMILY []	H/AC Heat
1997 - 2008 [] []	4-5 FAMILY []	
2008 - Present [] []	OTHER []	

Owner / Broker / Representative: _____

INSTALLER - New Construction or Renovation

I have installed, at the above listed address, smoke detectors, which are in conformance and requirements as outlined under the Massachusetts State Building Code.

Installer's Name: _____

ELECTRICIAN - New Construction or Renovation

Electrician certifies that equipment is installed according to manufacturers recommendations.

Signature: _____ License # _____

Please complete and return this form prior to requesting an inspection appointment. If you fax this form directly, please call 508-994-1428 to set up your appointment. If you are unsure of detector placement, please draw a floor plan on the reverse of this form and request placement from the Lieutenant on duty,

Complete form can be returned to:
FAIRHAVEN FIRE DEPARTMENT
146 WASHINGTON STREET, FAIRHAVEN, MA 02719
FAX NO: 508-994-1515