

CARLISLE FIRE DEPARTMENT
FIRE ALARM SYSTEM PLAN REVIEW

1. Complete the attached application form.
 2. Attach a check for the fee of **\$50.00 payable to "TOWN OF CARLISLE"**
 3. IMPORTANT: Provide contact information below.
 4. Leave completed application for review, a copy of the floor plans, and fee in FIRE DEPT. mailbox here at Town Hall or mail to: Carlisle Fire Dept. P.O. Box 575, Carlisle, MA 01741-0575
 5. To file electronically: E-mail the application and floor plans to FPO@CarlisleFDMA.org, and mail payment to Carlisle Fire Dept., P.O. Box 575, Carlisle, MA 01741-0575
 6. You must submit a separate request for the final certificate of compliance (Smoke Detector and Carbon Monoxide Alarm Inspection Application).
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Contact Information

Name: _____

Company Name: _____

Address: _____

Telephone: _____

Email Address: _____

Address of Installation: _____

The Plan will be reviewed and comments issued within 10 days of receipt. The plans will be returned to the building inspector's office at town hall.

NOTE: Identification numbers are required on the dwelling in accordance with MGL Chapter 148, Sect. 59. All inspections are subject to conformance with this law.

Carbon Monoxide detection must be in place in accordance with State Regulations.

FIRE PREVENTION OFFICE
978-287-0072
FPO@CarlisleFDMA.org