



Anthony Geanisis, CCO
 Office: 978-287-0072 (Option 1)
 FPO@carlislefdma.org

Town of Carlisle

MASSACHUSETTS

Office of

FIRE DEPARTMENT

Dispatch: 978-369-1442

Fax: 978-287-4934



80 Westford Road
 P.O. Box 575
 Carlisle, Ma 01741-0575

SMOKE DETECTOR & CARBON MONOXIDE ALARM INSPECTION APPLICATION

FOR SALE OR TRANSFER OF PROPERTY ONLY M.G.L. CH. 148, SECT. 26F, 26F 1/2

NOTE: IF THIS IS FOR NEW CONSTRUCTION, (*HOUSE OR ADDITION*), OR ALTERATION OF MORE THAN 20% A NEW FIRE ALARM SYSTEM PLAN REVIEW NEEDS TO BE FILED.

1. Complete this form and attach a check for \$50.00 payable to “TOWN OF CARLISLE”.
2. Complete the attached form “Regulation Acknowledgments.”
3. Leave completed application in the FIRE DEPT. mailbox at Town Hall, mail to the address below, or file electronically using the button provided below. ***You will be contacted within five business days (excluding holidays) to schedule an inspection.***
4. Permit will be issued once payment is received. Leave a check in the CFD mailbox at Town Hall or mail payment to Carlisle Fire Dept. P.O. Box 575, Carlisle, MA 01741-0575.
5. Please test your smoke and carbon monoxide detectors prior to the inspection to be sure they are all working.
6. **Identification numbers (House Numbers) are required on the dwelling in accordance with MGL Chapter 148, Sect. 59.**
7. **Please have alarm codes for system reset if needed and notify your alarm company (if monitored) of the test prior to the inspection time.**

Contact Information

Number of Dwellings: _____

Realtor Name: _____

Telephone #'s: (cell) _____ (other) _____

E-Mail Address: _____

Address of Inspection: _____

Homeowner Name: _____

Telephone #'s: (cell) _____ (other) _____

E-Mail Address: _____



Anthony Geanisis, CCO
 Office: 978-287-0072 (Option 1)
 FPO@carlislefdma.org

Town of Carlisle

MASSACHUSETTS

Office of

FIRE DEPARTMENT

Dispatch: 978-369-1442

Fax: 978-287-4934



80 Westford Road
 P.O. Box 575
 Carlisle, Ma 01741-0575

SMOKE DETECTOR & CARBON MONOXIDE ALARM INSPECTION

REGULATION ACKNOWLEDGEMENTS

NOTE: TURN IN THIS FORM WITH YOUR SMOKE DETECTOR APPLICATION.

LOCATION

Address: _____ Permit Number: _____

REGULATIONS

527 CMR 1.0 13.7.6.1.7: Carbon monoxide alarms shall be replaced when either the end-of-life signal is activated or the manufacturer's replacement date is reached or when they fail to respond to the manufacturer's operability tests.

527 CMR 1.0 13.7.6.1.8: Combination smoke/carbon monoxide alarms shall be replaced when the end of life signal activates or ten years from the date of manufacture, which ever come first.

527 CMR 1.0 13.7.2.1.5: Single and multiple-station smoke alarms installed in one and two family dwellings shall be replaced when they fail to respond to operability tests, but shall not remain in service longer than ten-years from the date of manufacture.

MGL 148.59: Every building in the commonwealth, including, but not limited to, dwellings, apartment buildings, condominiums, and business establishments shall have affixed thereto a number representing the address of such building. Said number shall be of a nature and size and shall be situated on the building so that, to the extent practicable, it is visible from the nearest street or road providing vehicular access to such building.

ACKNOWLEDGEMENTS

CHECK ALL THAT APPLY:

The detectors have been tested and are in working order.

House Numbers installed.

The dwelling located at the property address listed on this application meets all of the above CMR requirements.

BY SIGNING THIS DOCUMENT, YOU ARE ACKNOWLEDGING THAT THE ABOVE MARKED COMMENTS ARE TRUE AND ACCURATE. A SMOKE DETECTOR/CARBON MONOXIDE CERTIFICATE WILL NOT BE ISSUED UNTIL THE ABOVE REGULATIONS ARE MET.

Applicant Signature: _____ Date: _____