



Town of Plymouth
Fire Department
Fire Prevention & Code Compliance Division
114 Sandwich Street
Plymouth, Massachusetts 02360
508-830-4213 x2

26F Resale

**Application for Smoke & Carbon Monoxide Detector
Permit & Inspection**

INSPECTION FEE IS NON-REFUNDABLE
RE-INSPECTION FEE CAN APPLY IF INSPECTION FAILS
FOLLOWING A 2ND INSPECTION

IN ACCORDANCE WITH THE PROVISIONS OF THE MASSACHUSETTS GENERAL LAWS CHAPTER 148,
SECTIONS 26B, 26C, OR 26F & 26F1/2, AS AMENDED; APPLICATION IS HEREBY MADE FOR
INSPECTION OF SMOKE & CARBON MONOXIDE DETECTORS.

Smoke & CO Detectors are required on each floor of the residence. Exact locations and requirements depend upon date of installation or building renovation. Please see Massachusetts Department of Fire Services Guide for specifications.

******Battery and hardwired detectors shall not be more than 10 years old******
******CO detectors shall not be more than 7 years old******

Person Applying: _____ Closing Date: _____

Contact Name, Phone & Email: _____

Street Address: _____ No. Stories: _____

Owner of Property: _____

Circle One: Single / Multi / Condo / Mobile No. of Units: _____

Date of Construction: _____ (MM/YYYY) Date of Any Remodels/Additions: _____ (MM/YYYY)

Primary Heating System: Oil Furnace _____ Supplemental Heating: Un-vented Gas Stove _____
Gas _____ Coal/Wood Stove _____
Electric _____

Smoke Detector Type: Battery _____ 110V Electric-Tied Together _____ AC Alarms* _____

**Alarm Company must be present at time of inspection for homes with AC Alarms*

Carbon Monoxide (CO) Alarms Present? Yes _____ No _____

CHECK OR MONEY ORDER ONLY

Residential house numbers MUST be conspicuously posted on the building, at least 4" high in a contrasting color, and upon a sign at the driveway entrance if the numbers are not visible from the street, as required by MGL.CH 148 S59.

Permit No. _____ Application No. _____ Non-refundable Permit Fee _____ Check # _____

Inspections will be scheduled within 10 days of the closing date.

Inspection scheduled for _____ Time: _____ Station: _____

Signature of Official Granting Permit

Title