



Plymouth Fire Department
Fire And Life Safety
Inspection Application
114 Sandwich Street, Plymouth, MA 02360



PRINT CLEARLY

Fee: \$100.00

ck#

Contact
Person

Date:

Business
Name

Tel No:

Please make all checks payable to:
The Town of Plymouth

Address

EMAIL ADDRESS

Part A: Type of Facility - **Instructions:** Choose the type of facility from the list below

Health Care Facility Ch 111 and Ch 148s4 (quarterly Inspec.) <input type="radio"/> Hospital <input type="radio"/> Outpatient Clinic <input type="radio"/> Nursing Home <input type="radio"/> Assisted Living <input type="radio"/> Group Home <input type="radio"/> Mental Health <input type="radio"/> Other _____	Institutional Care <input type="radio"/> Rehabilitation <input type="radio"/> Detention - annual	Business <input type="radio"/> Hotel Motel Inn <input type="radio"/> Liquor License Holder, Ch.10 s74 (annual Insp.)	Federal or State Certifying Agency <input type="radio"/> Dept. Public Health <input type="radio"/> Dept. Mental Health <input type="radio"/> Dept. Public Welfare <input type="radio"/> Dept. Social Services <input type="radio"/> Dept. of Transportation <input type="radio"/> Alcoholic Beverage Commission (ABCC) <input type="radio"/> Other _____
	Educational <input type="radio"/> Day Care <input type="radio"/> Pre-School <input type="radio"/> Schools	Mercantile <u>Commercial</u> <input type="radio"/> Gas or Service Station <input type="radio"/> Fuel Oil Delivery <input type="radio"/> LP Gas Filling Station <input type="radio"/> Industrial/Manufacturing (yearly)	

fire prevention & code compliance division

office use only	office use only	office use only
Certificate date of expiration /renewal frequency: _____ Schedule Date & Time of Inspection _____		
Issuance of Fire & Life Safety Inspection Certificate? YES or NO _____ Inspector's Name & Rank _____		
Next Inspection Due On: _____ MUNIS APPLICATION # _____		
		Certificate#: _____