



*The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR*



**Town of Greenfield**  
Building Department  
14 Court Square Greenfield MA 01301

**FIRE PROTECTION SYSTEMS PERMIT APPLICATION**

\_\_\_\_\_

Building Official (Print Name) Signature Date

**Property Owner:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

**Job Location Information:**

Tenant/Building Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

**Contractor Information:**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Name of Competent Operator: \_\_\_\_\_ Phone: \_\_\_\_\_

Certification or License #: \_\_\_\_\_

Certification or License Type: \_\_\_\_\_

- |                      |                          |                    |
|----------------------|--------------------------|--------------------|
| Sprinkler – NFPA 13  | Kitchen Hood Suppression | Fire Warning/Alarm |
| Sprinkler – NFPA 13D | Carbon Dioxide System    | New System         |
| Sprinkler – NFPA 13R | Clean Agent System       | Addition           |
| Stand Pipe           | Dry Chemical System      | Replacement        |
| Dry Pipe             | Foam Agent System        | Repair/Alteration  |
| Fire Pump            | Smoke Control System     | _____              |

Provide a detailed description of the work to be done: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Estimated Job Cost:** \$ \_\_\_\_\_ **Permit fee is \$45 plus \$10 per thousand of job cost Fee:** \$ \_\_\_\_\_

I hereby acknowledge that the information above is complete and accurate and that the work will be in conformance with the codes and ordinances of the Town of Greenfield, Massachusetts State Building Code 780 CMR and Fire Prevention Code 527 CMR.

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_