



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



City 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: _____

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

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** _____