



FP -007D

# The Commonwealth of Massachusetts

City / Town of \_\_\_\_\_

➔ Return completed application to: \_\_\_\_\_ ➔



## PERMIT FOR INSTALLATION OF CARBON MONOXIDE TECHNICAL OPTIONS (527 CMR 1.00 Section 13.7.7)

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Date

Address of Installation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In accordance with the provisions of  
M.G.L. 148 Sec. 26F½ and 527 CMR 1.00  
application is hereby made by:

\_\_\_\_\_  
(Person) (Firm)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/Town) (State)

\_\_\_\_\_  
(Tel.)

_____ Permit No.
_____ Fee

For permission to install carbon  
monoxide alarm protection in  
accordance with technical option(s)

- .....Option A
- .....Option B
- .....Option C
- .....Option D
- .....Option E
- .....Option F
- .....Option G
- .....Option H

*(Check all that apply)*

_____ Signature of Applicant
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**FIRE DEPARTMENT USE ONLY:**

Approval for installation granted

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of Fire Department Official

Completed installation approved

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of Fire Department Official