



# Ashland Fire Department Fire Prevention / Code Enforcement

70 Cedar Street  
Ashland, Massachusetts, 01721  
(508) 881-2323



**Keith Robie**  
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Tel. 508-532-7993

## Application for Permit

(Check one)

Fire Alarm    Sprinkler    Fire Protection    B.D.A    Cutting/Welding\*

Date: \_\_\_\_\_

### Contractor Information

### Work site Information

Business Name: \_\_\_\_\_

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

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

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

City/Town, State: \_\_\_\_\_

Central Station Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Dig Safe #: \_\_\_\_\_

Technician's Name: \_\_\_\_\_

License #: \_\_\_\_\_

Technician's Phone: \_\_\_\_\_

PLEASE NOTE THAT ANY INSTALLATION/ALTERATION WORK BEING PERFORMED MUST BE ACCOMPANIED BY A WIRING PERMIT: PROOF OF PERMIT WITHIN 5 DAYS OF THIS PERMIT (CHAPTER 143 SECTION 3L)

WIRING PERMIT NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

### WORK TO BE PREFORMED

(Please state in detail work to be performed.)

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The work to be performed at the above location shall meet the standards of 527 CMR 1.0, from the regulatory authority of the Massachusetts General Law 148 section 10, 28 and NFPA 72 as states. Failure to comply with State and local codes may result in permit revocation. \*A fire department detail shall be required if work is being performed 35 feet of any structure. CMR 527 39.05.

\$20.00 permit fee to be paid at time of application with a **check or money order** made payable to the Town of Ashland.

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

Permit #: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_.00

Check #: \_\_\_\_\_

Date Issue: \_\_\_\_\_

Date Expires: \_\_\_\_\_

Badge #: \_\_\_\_\_