

TOWN OF HAMILTON
Commonwealth of Massachusetts
FIRE DEPARTMENT - BUREAU OF FIRE PREVENTION

265 Bay Road Hamilton, MA 01982

TELEPHONE 468-5558

APPLICATION TO REPAIR SPRINKLER SYSTEM

DATE _____

TO: HEAD OF FIRE DEPARTMENT

PLANS SHOWING EQUIPMENT TYPE, LOCATION AND SPECIFICATIONS
SHALL BE SUBMITTED PRIOR TO WORK STARTING

HAMILTON
(CITY OR TOWN)

IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 148, MGL AS PROVIDED IN
SEC: _____ APPLICATION IS HEREBY MADE BY _____

NAME: _____
(FULL NAME OF PERSON, FIRM OR CORPORATION)

ADDRESS: _____
(STREET OR P.O. BOX) (CITY OR TOWN)

STATE CLEARLY FOR PERMISSION TO: _____
PURPOSE FOR _____
WHICH PERMIT _____
IS REQUESTED _____

AT: _____
(STREET ADDRESS)

NAME OF COMPETENT OPERATOR: _____ LICENSE NO. _____

DATE ISSUED-REJECTED _____ BY _____
(SIGNATURE OF APPLICANT)

DATE OF EXPIRATION: _____ FEES \$ _____ PAID-DUE _____

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SEC: _____ APPLICATION IS HEREBY MADE BY _____

NAME: _____
(FULL NAME OF PERSON, FIRM OR CORPORATION)

STATE CLEARLY FOR PERMISSION TO: _____
PURPOSE FOR _____
WHICH PERMIT _____
IS REQUESTED _____

RESTRICTIONS: _____

AT: _____
(STREET ADDRESS)

NAME OF COMPETENT OPERATOR: _____ LICENSE NO. _____

DATE ISSUED-REJECTED _____ BY _____
(SIGNATURE OF OFFICIAL)

DATE OF EXPIRATION: _____ FEES \$ _____ PAID-DUE _____