

**SMOKE / HEAT DETECTOR FORM**

# \_\_\_\_\_

Location of Property to be Inspected: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Owner's Telephone: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Contact Number for Inspection Day: \_\_\_\_\_

For Office Use Only  
Shift \_\_\_\_\_  
Date \_\_\_\_\_  
Time \_\_\_\_\_

Is this inspection for a      **Sale**      **Renovation**      **New Construction**

(# of) \_\_\_\_\_ Smoke Photo Electric      \_\_\_\_\_ Combo-Smoke/CO PE      \_\_\_\_\_ Carbon Monoxide

<u>Year Built/Last Modified</u>	<u>Type of Structure</u>	<u>Legend</u>
<i>Built Modified</i>	<b>1 Family</b>	<b>S/B Smoke / Battery</b>
<b>Prior to 1975</b>	<b>2 Family</b>	<b>S/AC Hard Wired</b>
<b>1975 - 1997</b>	<b>3 Family</b>	<b>H/AC Heat</b>
<b>1997 - 2008</b>	<b>4-5 Family</b>	
<b>2008 - Present</b>	<b>Other</b>	

Owner / Broker / Representative: \_\_\_\_\_

**INSTALLER - New Construction or Renovation**

**I have installed, at the above listed address, smoke detectors, which are in conformance and requirements as outlined under the Massachusetts State Building Code.**

Installer's Name: \_\_\_\_\_

**ELECTRICIAN - New Construction or Renovation**

**Electrician certifies that equipment is installed according to manufacturers recommendations.**

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

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

**Please complete and return this form prior to requesting an inspection appointment. If you fax this form directly, please call 508-994-1428 to set up your appointment. If you are unsure of detector placement, please draw a floor plan on the reverse of this form and request placement from the Lieutenant on duty.**

Completed form may be returned to:  
***Fairhaven Fire Department***  
**146 Washington Street, Fairhaven, MA 02719**  
**Fax: 508-994-1515      Email: kaustin@fairhaven-ma.gov**