



The Commonwealth of Massachusetts
 Department of Fire Services – Office of the State Fire Marshal
 P.O. Box 1025, State Road, Stow, MA 01775



PERMIT FOR INSTALLATION OF CARBON MONOXIDE TECHNICAL OPTIONS
 527 CMR 31.05

 City/Town

 Date

Address of Installation:

In accordance with the provisions of
 M.G.L. 148 Sec. 26F½ and 527 CMR
 31 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

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

**Original to Fire Department
 Copy to Applicant**