|  |  |
| --- | --- |
| Fairhaven Fire 146 Washington Street  Fairhaven MA 02719 | Form Number |
| Smoke/Heat Detector Request Form |  |
|  | Owner Name: |
|  |  |
| Location of Property to be inspected: | Owners Telephone: |
|  |  |
| Name of Person Making Application:  Smoke Ionization: ( ) Smoke PhotoElectric: ( ) Carbon Monoxide: ( )  Combo-Smoke/CO: ( ) Combo-Smoke/CO Ion: ( ) Dual PE/ION: ( ) | Contact Number: |
| Number Of Detectors Estimated: |  |
|  |  |
| |  |  |  | | --- | --- | --- | | Year built/ Last Modified | Type of Structure | Legend | | Built Modified | 1 Family ( ) | S/B Smoke/Battery | | Prior to 1975 ( ) ( ) | 2 Family ( ) | S/AC Hard Wired | | 1975-1997 ( ) ( ) | 3 Family ( ) | H/AC Heat | | 1997-2008 ( ) ( ) | 4-5 Family ( ) |  | | 2008-Present ( ) ( ) | Other ( ) |  | |  |
|  |  |
|  |  |

**Is this Inspection For?**

|  |  |  |
| --- | --- | --- |
| * Sale | * Renovation | * New Construction |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Owner/Broker/Representative: |  | Date |
|  |  |  |
| Installer Name: |  | Date |
|  |  |  |
| Electrician Name: |  | License# |

Please complete and return this form prior to requesting an inspection appointment.

Completed Forms can be returned to:

Fairhaven Fire Department

146 Washington Street

Fairhaven, MA 02719

Fax: 508-994-1515 Email: kaustin@fairhaven-ma.gov