

**NORTHBOROUGH FIRE DEPARTMENT**

11 Pierce Street
Northborough, MA 01532

**NORTHBOROUGH BUILDING DEPARTMENT**

63 Main Street
Northborough, MA 01532

Commercial: ☐ **New** ☐ **Renovation** ☐
Residential: ☐ **New** ☐ **Renovation** ☐

INFORMATION TO BE PROVIDED BY DESIGN PROFESSIONAL:

DATE: _____

PROJECT/NAME: _____

PROJECT LOCATION ADDRESS _____

GENERAL CONTRACTOR NAME: _____ LICENSE #: _____

CONTRACTOR BUSINESS ADDRESS: _____

CITY OR TOWN: _____ ZIP CODE: _____ PHONE #: () -

SPRINKLER CONTRACTOR NAME: _____ LICENSE #: _____

CONTRACTOR BUSINESS ADDRESS: _____

CITY OR TOWN: _____ ZIP CODE: _____ PHONE #: () -

FIRE ALARM CONTRACTOR NAME: _____ LICENSE #: _____

CONTRACTOR BUSINESS ADDRESS: _____

CITY OR TOWN: _____ ZIP CODE: _____ PHONE #: () -

SUPPRESSION CONTRACTOR NAME: _____ LICENSE #: _____

CONTRACTOR BUSINESS ADDRESS: _____

CITY OR TOWN: _____ ZIP CODE: _____ PHONE #: () -

TYPE OF PROJECT (s): Check all that apply.

Smoke & CO \$50.00	<input type="checkbox"/>	Fire Alarm Alteration \$20.00	<input type="checkbox"/>	Fire Alarm Installation \$40.00	<input type="checkbox"/>
Sprinkler Installation (See Fee Below)	<input type="checkbox"/>	Sprinkler Alteration \$25.00 (Per Riser)	<input type="checkbox"/>	Suppression System Minor \$50.00	<input type="checkbox"/>
Suppression System Major (Commercial Cooking, Gas, Industrial) \$100.00	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>	Suppression System Alteration \$25.00	<input type="checkbox"/>

NOTE: With the Exception of New Construction the Contractor is responsible for obtaining the appropriate Permit(s) from the Fire Department in addition to the Building Department Permit(s).

SCOPE OF WORK/JOB DESCRIPTION (Required):

Base Plan Review and Inspection Fee	\$ 50.00
Fire Alarm Installation	\$
Fire Alarm Alteration	\$
Sprinkler System Installation, <u>Per Riser:</u> (New Installation or Adding Heads) See Fee Schedule Below (1-50 Heads \$50) (51-100 Heads \$100) (101-150 Heads \$150) (151-200 + Heads \$200)	\$
Sprinkler Alterations not requiring additional heads (Removal and/or Relocation)	\$
Suppression System Installation	\$
Suppression System Alteration	\$
Other	\$
TOTAL \$	

FOR OFFICE USE ONLY:

Date Paid: _____ Check #: _____ Received By : _____

Reviewed by: _____ Approved () Rejected () Date: _____

Building Department Permit # _____

Comments to Building Official (M.G.L. 148, s. 28A):

12/26/2018