



Waltham Fire Department

Fire Alarm / Suppression Permit – Application



FIRE ALARM / SUPPRESSION PERMIT APPLICATION INSTRUCTIONS:

Fill out *all* relevant information on the application form -include the following;

- **Date of Application**
- **FD Assigned Project Number:** Fill in the assigned FD Project Number if your permit will coincide with an existing FD project. [Plans should already be on file. The General Contractor should have this number as it is enclosed on the FD stamp on their plans.] If you are *amending* the plans, you should **attach** the amended set. *Note:* this may require a separate Plan Review submittal. Please be advised: The Plan Review process requires 2 sets of plans, Plan Review application etc., and fee - see application for instructions.]
- **Location:** Fill in the Location of your fire alarm or suppression work, including an on-site contact and contact phone number.
- **Company Information:** Fill in the company information for the company applying for this permit.
- **Contractor's License Number**
- **Permit Length:** Provide the amount of time you are requesting for this permit.
- **Project Description:** Provide a clear description of the work you will be conducting under this permit.
- **Signature:** Type the name of the person applying for this permit.
[By filling in your typed name in the Digital Signature section you acknowledge this to be your valid signature.]

*****All submissions must be complete. Any incomplete submittals will not be processed and must be resubmitted.*****

Submit Via Email: **MUST** make online payment

- **Email** this completed application form to Fire Prevention at prevention@city.waltham.ma.us, include:
- **Attach** a copy of a valid Electrical/Suppression contractor's license.
- **Attach** amended plans (if applicable)
- Make online payment at the City of Waltham ,Fire Department /Prevention website -Permits Fees & Downloads ; <https://www.city.waltham.ma.us/fire-department/pages/permits-fees-downloads>
Above the list of permits you will see- *****ATTENTION***** FIRE PREVENTION APPLICATION FEES CAN NOW BE PAID ONLINE (click on the words "PAID ONLINE") Select "Permit - Fire Alarm or Suppression.". Follow instructions to pay.
- Email documents above with copy of paid invoice to:
prevention@city.waltham.ma.us

Submit In Person or Via US Mail:

- **Bring or Mail** the completed application form to the Fire Prevention
- **Include** a copy of a valid Electrical/Suppression contractor's license.
- **(Include** amended plans if applicable)
- **Payment:** Cash or check in the amount of **\$35.00** made payable to the [City of Waltham](#).
[In the check's memo section please include: **Fire Alarm or Suppression Permit** and include the **address**.]
- **Bring or Mail pacomplete package** to;
Fire Prevention
175 Lexington Street
Waltham, MA 02452.

Your permit will be processed and emailed back to you. ~ Applications submitted in person will be processed while you wait.



Waltham Fire Department

Fire Alarm / Fire Suppression Permit – Application



Fire Alarm/ Fire Suppression PERMIT

APPLICATION TO INSTALL, MODIFY, REPAIR, OR REMOVE ANY FIRE ALARM SYSTEM, OR ANY DEVICE USED FOR FIRE PROTECTION

Fire Alarm / Fire Suppression PERMIT

1. **Fill out** all relevant information - *This is a PDF – Fill in form*
2. **Submit in Person**, via email or US mail
3. **Via email:** Online payment must be made in order to process permit via email. Email completed form, copy of payment invoice & a copy of the Electrical/Contractor's License (and a copy of amended plans if applicable) to the Fire Prevention Office at prevention@city.waltham.ma.us.
4. **Via US mail:** Mail this completed form, a copy of the Contractor's License (and a copy of amended plans if applicable) and payment in the form of a check for \$35.00 made payable to the *City of Waltham*, to: Fire Prevention, 175 Lexington Street, Waltham, MA 02452

Application Date:	FD Assigned Project #: F020
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Location of Fire Protection Work:	
Location of Work:	(Number) (Street) (Location description: rear, left side, suite #, etc.)
On-site Contact:	Phone:

Company Conducting the Fire Protection Work:	
Company Name:	Contact:
Company Address:	(Number) (Street) (Unit/Suite, etc.) (City or Town) (State) (Zip Code)
Phone #:	Email:
Attach Copy of Contractor's Lic:	Contractor's License #: Length of time needed for this Permit:

Description of Work:	
Please clearly describe the purpose for which this permit is to be granted:	
I understand that I MUST call in to Fire Prevention to inform them of any and all fire alarm / sprinkler system shutdown or fire alarm / sprinkler system returned back-in-service. Initials:	
Applicant Signature: *	* by entering my name in the signature section of this application, and by checking this box I accept & acknowledge that my typed name serves as a signature by authorized agent.

----- Do Not enter any information below this line --- FD USE ONLY ----- Do Not enter any information below this line --- FD USE ONLY -----

Fire Department:		
Fire Department Approval:	Fire Protection Permit Number: F20	Paid: Approval Date:

Phone:
781-314-3710

Mail to:
Waltham Fire Prevention – 175 Lexington St – Waltham, MA 02452

Email:
prevention@city.waltham.ma.us