



FP-007C
(Rev. 1.2018)

The Commonwealth of Massachusetts

City / Town of _____



➔ Return completed application to: _____ ➔

**APPLICATION FOR CERTIFICATE OF COMPLIANCE
FOR SMOKE DETECTORS AND CARBON MONOXIDE ALARMS
M.G.L. CHAPTER 148, SECTIONS 26F, 26F1/2**

City or Town _____ Date: _____

Application is hereby made for inspection of smoke detectors and carbon monoxide alarms as required by Massachusetts General Law, Chapter 148, Sections 26F, 26F1/2 and 527 CMR 1:00 Section 13.7.

NOTE: SUBMIT APPLICATION TO LOCAL FIRE DEPARTMENT HEADQUARTERS

Location of Property _____

Owner of Property _____

Number of Dwelling Units _____ Signature of Applicant _____

Inspection/Testing completed on: _____ By: _____
(Inspector)

Fee: (M.G.L. Chapter 148 Sec. 10A) _____ Fire Chief _____

Note: Any certificate issued in accordance with provisions of M.G.L. Chapter 148, Sections 26F, 26F1/2 expires sixty (60) days after issuance by head of the Fire Department.

FIRE DEPARTMENT'S COPY



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**CERTIFICATE OF COMPLIANCE
M.G.L. CHAPTER 148, SECTIONS 26F, 26F1/2**

City or Town: _____ Date: _____

This certifies that the property located at _____

_____ has been equipped with approved smoke detectors, and carbon monoxide alarms* and was found to be in compliance with Massachusetts General Law, Chapter 148 Sections 26F, 26F1/2 and 527 CMR 1.00 Section 13.7.

Inspection/Testing completed on: _____ By: _____
(Inspector)

Fee Paid: _____ Head of Fire Department: _____

Note: This certificate expires sixty (60) days after date of issue.

SELLER'S COPY

**OAK BLUFFS FIRE-EMS DEPARTMENT
SMOKE DETECTOR/CARBON MONOXIDE ALARM
PRE-INSPECTION CHECKLIST**

BUILT DATE: _____ (*Exact date or year*)

RENOVATION DATE: _____ (*Date last building permit issued*)

If constructed prior to **August 27, 1997**, has there been any renovation that included the addition of a bedroom after **August 27, 1997**?* Yes No

Has a garage addition been added to the residence since **January 1, 2008**?*

Yes

No

CLOSING DATE: (*If Applicable*) _____

PROPERTY ADDRESS: _____

CONTACT NAME: _____

AGENCY NAME: (*If Applicable*) _____

CONTACT INFORMATION: _____

Cell

Office or Other

Email

Any questions regarding the number or placement of smoke detectors or carbon monoxide alarms, should be directed to a Fire Prevention Officer for clarification. By signing, I agree that I have been provided and will read/adhere to the guidelines and regulations relative to residential smoke detectors and carbon monoxide detectors. A re-inspection fee will be assessed, if any of the items on the foregoing compliance checklist have not been complied with.

Signature: _____

Printed Name: _____

Date: _____

*See Massachusetts Department of Fire Services regulations and Massachusetts General Law Chapter 148 Section 26F, 26F1/2 and 527 CMR 31

Oak Bluffs Fire-EMS Department
6 Firehouse Lane P.O. Box 2131 Oak Bluffs MA, 02557
Phone Number: 508-693-5380 | FAX Number: 508-693-6726

Nelson Wirtz
Fire-EMS Chief

Stephen Foster
Deputy Fire Chief