



MAYNARD FIRE DEPARTMENT

1 Summer Street Maynard, Massachusetts 01754

978-897-1014 - www.maynardfd.com - fdinspection@townofmaynard.net

Fire Prevention
Standard Permit Application
Plan Review Request

Standard Permit Application and Plan Review Request Submission

Applicant Name _____ Date _____

Address of Applicant _____

Telephone Number _____ E-mail _____

License/Certification (attach copies) _____

Address of Work _____

Property Owner _____

Permit / Plans Type _____

(For Permits: state nature of permitted work. For Plan Review Request: state new or existing, occupancy type, fire system type)

***Complete State Form for the following: Oil Burner Installation (FP-056), UGST Removal (FP-292), Tank Truck (FP-044)**

Scope of Work with applicable Law, Code, and Standard References (use separate sheet if necessary)

Plan Review Required? N/A Yes Date Plans Submitted _____ (allow 10 business days for review)

Special Requirements? N/A Yes Include on Permit _____

Inspection Scheduled? N/A Yes Date/Time _____

***Town of Maynard By-Laws, Chapter 40, Section 5, require a company representative on scene at time of inspection.**

Fee Paid? N/A Yes Total \$ _____ cash / check # _____

Permit Issued? No Yes Date _____ Inspection _____
(Inspector, Pass/Fail, Date)

(DETACH – Top Application for Fire Department Records, Bottom Permit for Applicant)



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PERMIT

This permit is granted to _____ on _____ for the
(Applicant Name) (Date)
purpose of _____ as outlined in the permit application.
(Permit Type)

By signing below you agree to complete the permitted work according to the applicable laws, codes and standards and
the following requirements _____
(Inspection Prior to Work Beginning; Inspection Required at Completion; Pending Plan Review; Fire Department Detail Required; Expiration Date)

Signature of Applicant _____

Signature of Fire Department Official _____