



*City of Lawrence*  
*Lawrence Fire Department*  
*Commonwealth of Massachusetts*



**Application for Inspection**

Smoke & CO Certification  
 MGL Ch. 148 Sec. 26f and 26f 1/2

Permit #: \_\_\_\_\_

Fee: See Below

Expiration Date: **60 days from issue.**

Address of inspected property: \_\_\_\_\_

**Authorized Applicant is:**  Owner  Agent **Dwelling Type:**  Single family  Multi-family  Condo Unit  Mixed Use

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_  
(Street) (Suite) (City) (State) (Zip Code)

Owner Phone & Email \_\_\_\_\_  
(Phone) (Fax Number) (Email Address if Available)

Agent \_\_\_\_\_  
(Name)

Agent Phone & Email \_\_\_\_\_  
(Phone) (Fax Number) (Email Address if Available)

New Owner Name \_\_\_\_\_

New Owner Contact \_\_\_\_\_  
(Number) (Email)

**This request for a Smoke & CO inspection is for the sale or transfer of the following property:**

- |                                      |   |
|--------------------------------------|---|
| 1 unit building \$50                 | 3-6 unit building \$150                   |
| 2 unit building \$100                | 7 units plus building \$500               |
| Re-inspection 1 unit building \$25   | Re-inspection 2 unit building \$50        |
| Re-inspection 3-6 unit building \$75 | Re-inspection 7 units plus building \$250 |

**Special Requirements:**

See Lawrence Fire Department "Guidelines for Smoke & CO Alarm Requirements".  
 Properties with Low Voltage Fire Alarm must give inspector a Fire Alarm Test Report.

**Call the Lawrence Fire Department to schedule a date and time at 978-620-3400.  
 All appointments will be scheduled Tuesday, Wednesday, or Thursday from 9:00am  
 until 11:30pm and from 1:30pm until 2:00pm.**

**\*\*\* Fill out and include signed affidavit available on LFD website.**

\_\_\_\_\_  
*(Signature of Applicant)* *DATE*

\_\_\_\_\_  
*(Print Name of Applicant)* *DATE*