



TOWN OF EDGARTOWN
OFFICE OF THE FIRE DEPARTMENT
 68 Pease's Point Way, Edgartown, MA 02539
 Tel: (508) 627-5167 Email: efd@edgartown-ma.us



**APPLICATION FOR CERTIFICATE OF INSPECTION
 FOR SMOKE DETECTORS AND CARBON MONOXIDE ALARMS
 FOR NEW CONSTRUCTION, RENOVATIONS OR ALTERATIONS**

Date: _____ Contact Ph #: _____

Location of Property: _____

Owner of Property: _____

House Numbers: Must be posted on the house; must be visible from the street, if not or is greater than 100' from the street, then the number must also be posted at the street and visible from both directions; numbers must be a minimum of 3" in height; high contrast (black on white preferred over brass on white).

Number of Dwelling Units: _____ Signature of Applicant: _____

Inspection/Testing completed on: _____ Pass Fail

Inspection/Testing completed by: _____

Fee: _____



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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 527 CMR 1.00 Section 7 and 780 CMR.

Inspection/Testing completed on: _____ By: _____

Alexander J. Schaeffer
 Edgartown Fire Chief