

**Harwich Fire Department
Resale Inspection**

Date: _____
(OFFICE USE ONLY)

Time: _____
(OFFICE USE ONLY)

**APPLICATION FOR CERTIFICATE OF COMPLIANCE
MGL Chapter 148 Section 26F & 26F 1/2**

Address: _____

Seller: _____ Buyer: _____

Style: _____ No. of Floors: _____ Year Built: _____

If Built Prior to 1975: **Any** Additions, Renovations or Alterations: _____
If Yes, What year? _____

Type of Smoke Detectors:

- _____ Battery Powered (Built Prior to 1975 with **NO** Alterations or Renovations)
- _____ 110 Volt Electric-Hardwired
- _____ Low Voltage**

** Low Voltage: Central Station Alarm Company

Name: _____ Phone: _____

** Lock box? **YES (MUST HAVE)**

Type of Heating Fuel: Electric Gas Oil Other: _____

Type of Carbon Monoxide Detectors:

- _____ Battery Powered
- _____ 110 Volt Electric-* with a battery back-up
- _____ Low Voltage** with a battery back-up

If house was built after 1/1/08 CO's must be hardwired with a battery back up

Single or Multiple Family: Number of Dwelling Units _____

Is the number on the house & visible from road? **YES must be**

Closing Date: _____ Phone: _____ Fee \$50.00 Per unit

Signature of Applicant _____

Please email completed application to: fireinspector@harwichfire.com

OFFICE USE ONLY

Inspection/Testing completed on: _____ By: _____
Inspector

Passed: _____ Failed: _____