



CHATHAM FIRE PREVENTION
 135 DEPOT ROAD
 CHATHAM, MA 02633
 BUSINESS: 508-945-2324
 FAX: 508-945-5120



**Residential Resale Inspection Application
 MGL Chapter 148, Section 26F & 26F1/2**

Date of application: _____

Property Owner: _____

Address: _____

Year Constructed: _____ Year(s) of Additions: _____

Living Space: 1st floor _____ sq. ft.

2nd floor _____ sq. ft.

Basement _____ sq. ft. (habitable space)

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Smoke Detector Power Supply:

Battery Only [] 110 volt [] 110 volt w/battery backup []

Low Voltage Fire Alarm System []

Alarm Company: (Note - alarm technician conducts inspection, fire officer witnesses inspection)

ADT Security: [] Associated Alarm: [] Cape Cod Alarm: [] Intercity Alarm: [] Seaside Alarms: []

Matt's (Home Paradise) Alarm: [] Other Alarm Co.: _____

- Photoelectric type smoke detector required if located within 20 feet of kitchen or bath.
- Detectors must be less than 10 years old. (check date code on detector)
- Check www.chatham-ma.gov and visit Fire Department page for more guidance

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Carbon Monoxide Detector Power Supply: Battery Only [] 110 volt w/battery backup []

Low voltage as part of alarm system []

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Realtor/Agent: _____ Phone: _____

Realty Office: _____ Closing Date: _____

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(Fire Department Use)

Scheduled Inspection Date: _____ Time: _____

Fee Paid: _____ Re-inspection Fee Paid: _____

Comments: _____