



**Plymouth Fire Department
Fire And Life Safety
Inspection Application**



Fee: \$100.00

Ch.# _____

Contact
Person
Business

Name _____

Address _____

Date: _____

Tel No: _____

Tel No: _____

Please make all checks payable to:
The Town of Plymouth

Part A: Type of Facility - Instructions: Choose the type of facility from the list below

Health Care Facility Ch 111 and Ch 148B4 (quarterly inspec.) <input type="radio"/> Hospital <input type="radio"/> Outpatient Clinic <input type="radio"/> Nursing Home <input type="radio"/> Assisted Living <input type="radio"/> Group Home <input type="radio"/> Mental Health <input type="radio"/> Other _____	Institutional Care <input type="radio"/> Rehabilitation <input type="radio"/> Detention - annual	Business <input type="radio"/> Hotel Motel Inn <input type="radio"/> Liquor License Holder, Ch. 10 s74 (annual insp.)	Federal or State Certifying Agency <input type="radio"/> Dept. Public Health <input type="radio"/> Dept. Mental Health <input type="radio"/> Dept. Public Welfare <input type="radio"/> Dept. Social Services <input type="radio"/> Dept. of Transportation <input type="radio"/> Alcoholic Beverage Commission (ABCC) <input type="radio"/> Other _____
	Educational <input type="radio"/> Day Care <input type="radio"/> Pre-School <input type="radio"/> Schools	Mercantile Commercial <input type="radio"/> Gas or Service Station <input type="radio"/> Fuel Oil Delivery <input type="radio"/> LP Gas Filling Station <input type="radio"/> Industrial/Manufacturing (Yearly)	

Fire prevention & code compliance division

office use only

Certificate date of expiration/renewal frequency: _____

office use only

Issuance of Fire & Life Safety Inspection Certificate? YES or NO: _____

Inspector's Name & Rank: _____

office use only

Next Inspection Due On: _____

office use only

Schedule Date & Time of Inspection: _____

PERMIT #: _____

114 Sandwich Street

Plymouth, MA 02360

Tel # 508-830-4213

Fax # 508-830-4174