

Date: \_\_\_\_\_  
(OFFICE USE ONLY)

**Harwich Fire Department  
Resale Inspection**

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)  
\_\_\_\_\_ 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

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 \_\_\_\_\_

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Inspection/Testing completed on: \_\_\_\_\_ By: \_\_\_\_\_  
*Inspector*

Passed: \_\_\_\_\_ Failed: \_\_\_\_\_