



Weymouth Fire Department

Fire and Life Safety Inspection Application

636 Broad Street
Weymouth, MA 02189
781-337-5151
FAX: 781-340-5024

Keith Stark
Chief of Department

www.wevmouth.ma.us

Completed applications may be submitted via email to jmyers@weymouth.ma.us or may be sent by mail to the address above.

Fee: \$50.00	Chk#:	Contact Person:	Date:
Please make all checks payable to: The Town of Weymouth		Business Name:	Tel. #:
		Address:	Email:

Health Care Facility	Institutional Care Facility	Business	Federal or State Certifying Agency
780 CMR 110 and Ch. 148 s4	<input type="checkbox"/> Detox / Substance abuse <input type="checkbox"/> Detention Center	<input type="checkbox"/> Hotel / Motel / Inn <input type="checkbox"/> Alcohol / Liquor Lic. <input type="checkbox"/> Other _____	<input type="checkbox"/> Dept. Public Health <input type="checkbox"/> Dept. Mental Health <input type="checkbox"/> Dept. Social Services <input type="checkbox"/> Dept. of Transportation <input type="checkbox"/> Alcoholic Beverage Comm. <input type="checkbox"/> Other _____
<input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient Clinic <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Group Home <input type="checkbox"/> Mental Health <input type="checkbox"/> Other _____	Educational Facility <input type="checkbox"/> Day Care <input type="checkbox"/> Pre-School <input type="checkbox"/> Schools	Mercantile <input type="checkbox"/> Gas or Service Station <input type="checkbox"/> Fuel Oil Delivery <input type="checkbox"/> LP Gas Filling Station <input type="checkbox"/> Industrial / Manufacturing	

F.D. USE ONLY DO NOT WRITE BELOW THIS LINE

Current Certificate of Inspection date of expiration:		Inspection Date:	
		Inspection Time:	
Issuance of Fire & Life Safety Insp. Cert.?		Inspectors Name:	
		Permit #: _____	
Next Inspection Due Date:			

FF Justin Myers
jmyers@weymouth.ma.us

Fire Prevention Coordinator

781-340-5000