



STERLING FIRE DEPARTMENT

5 MAIN STREET – P.O. BOX 21

STERLING, MA 01564

Tel: (978) 422-8107

Fax: (978) 422-7832

SIGNAL BOOSTER PERMIT APPLICATION

DATE OF APPLICATION: _____

TYPE OF INSTALLATION:

☐ NEW SIGNAL BOOSTER SYSTEM

☐ MODIFICATION OF EXISTING SIGNAL BOOSTER SYSTEM

LOCATION: _____
Name of Occupancy Address

OWNER INFORMATION

PROPERTY OWNER: _____
Name Contact Information

PROPERTY MANAGER: _____
Name Contact Information

EMAIL: _____ TEL: _____ FAX: _____

DESCRIPTION OF WORK

INSTALLER INFORMATION

INSTALLER: _____
Name Electrician's License Number

ADDRESS: _____

EMAIL: _____ TEL: _____ FAX: _____

I certify that the property owner understands and has agreed to comply with the current Sterling Fire Department *Specification and Requirements for Emergency Responder Radio Coverage in Buildings*. If a conflict should result with any of these specifications it shall be my responsibility to resolve it. The property owner has also acknowledged that upon final system acceptance, permission shall be granted to operate a signal booster on frequencies licensed to the Sterling Fire and Police Departments by the Federal Communications Commission (FCC) and that failure to maintain compliance with the Sterling Fire Department *Specification and Requirements for Emergency Responder Radio Coverage in Buildings* will result in the withdrawal of this permission.

Name of Radio Service Provider

Signature of Radio Service Provider

Name of Property Owner

Signature of Property Owner