



**Boston Fire Department
 Fire Prevention Division
 1010 Massachusetts Avenue – 4th Floor
 Boston, MA 02118
 Tel: 617-343-3447 Fax: 617-343-2197**

For BFD Internal Use Only:
 Payment Received Date: _____
 Payment Number: _____
 Customer ID: _____
 Permit Number: _____

APPLICATION FOR A GENERAL PERMIT

Completed Permit to be: _____ Mailed _____ E-mailed _____ Picked up

STARTING DATE: _____ ENDING DATE: _____

CONTRACTOR'S NAME: _____

CONTRACTOR'S ADDRESS: _____

_____ *Number* _____ *Street*
 _____ *City* _____ *State* _____ *Zip Code* PHONE: _____

FAX: _____ E-MAIL ADDRESS: _____

Permit to be exercised at the following location:

_____ *Number* _____ *Street* _____ *City*

To Conduct the Following _____

And For the Keeping, Storage, Use or Manufacture of the Following Hazardous Materials _____

After an approved inspection by a Boston Fire Department Inspector of the location herein named for the exercise of such permit and compliance with the Statutes of the Commonwealth., the Regulations of the board of Fire Prevention Regulations, the Ordinances of the City of Boston, and with the safeguards and other conditions prescribed by the Head of the Fire Department, a permit shall be granted.

Applicant's Name (Print) _____ Date _____

Applicant's Signature _____

Applicant's Phone Number(s) _____

***** PAYABLE AT TIME OF APPLICATION*****