



**Boston Fire Department
Fire Prevention Division
1010 Massachusetts Avenue – 4th Floor
Boston, MA 02118
Tel: 617-343-3527 Fax: 617-343-3604**

BFD CERT. NO.:
(FOR OFFICE USE ONLY)

**APPLICATION FOR APPROVAL OF MATERIAL (S) FOR TEMPORARY ENCLOSURES
(PER LOCATION COMPLETE IN INK ONLY.)**

PLEASE PRINT OR TYPE INFORMATION REQUESTED

DATE: _____ BFD CERT.NO.: _____

SUBMITTER _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

TELEPHONE NO.: () _____ FAX NO.: () _____

EMAIL ADDRESS: _____

ADDRESS OF PROPOSED INSTALLATION: _____

NAME OF PROPERTY: _____

SPECIFIC LOCATION WITHIN PROPERTY: _____

DATES OF USE: FROM: _____ TO: _____

IDENTIFICATION OF ENCLOSURE MATERIAL;

<u>MANUFACTURER</u>	<u>MIL</u>	<u>MODEL NUMBER:</u>
1. _____	_____	_____
2. _____	_____	_____

Attach Manufacturers Correspondence or Fire Test Reports with Manufacturers Name and Description of the product.

OTHER INFORMATION: _____

NOTE: Failure to supply complete information and adequate sample of material for testing results in delays in evaluation.
YOU ARE REQUIRED TO OBTAIN A SEPARATE **PERMIT FOR ASBESTOS REMOVAL** THROUGH THE FIRE PREVENTION DIVISION/PERMITS OFFICE.

ENC: SAMPLES OF EACH ENCLOSURE MATERIAL, **MIN. SIZE 1 SQUARE YARD**, MANUFACTURERS TEST REPORTS.
CHECK PAYABLE TO THE CITY OF BOSTON FOR \$20.00/ITEM. PLEASE SIGN AND MAIL FORM. PERMITS WILL BE MAILED TO SUBMITTER.

SIGNATURE OF APPLICANT: _____



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BFD CERT. NO.: (FOR OFFICE USE ONLY)

**APPLICATION FOR APPROVAL OF MATERIAL (S) FOR TEMPORARY ENCLOSURES
(YEARLY)
PRINT OR TYPE INFORMATION REQUESTED**

DATE: _____

SUBMITTER _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

TELEPHONE NO.: () _____ FAX: () _____

EMAIL ADDRESS: _____

ADDRESS OF PROPOSED INSTALLATION: *VARIOUS LOCATIONS IN THE CITY OF BOSTON*

NAME OF PROPERTY: *VARIOUS LOCATIONS IN THE CITY OF BOSTON*

IDENTIFICATION OF ENCLOSURE MATERIAL;

<u>MANUFACTURER</u>	<u>MIL.</u>	<u>MODEL NUMBER:</u>
1. _____	_____	_____
2. _____	_____	_____

Attach Manufacturers Correspondence/ Fire Test Reports, with Manufacturers Name and Description of the product.

ADDITIONAL INFORMATION:

NOTE: YOU ARE REQUIRED TO OBTAIN A SEPARATE *PERMIT FOR ASBESTOS REMOVAL* THROUGH THE FIRE PREVENTION DIVISION/PERMITS OFFICE.

ENC: SAMPLE OF EACH ENCLOSURE MATERIAL, **MIN. SIZE 1 SQUARE YARD, ATTACH MANUFACTURERS TEST REPORTS.** CHECK PAYABLE TO THE CITY OF BOSTON FOR \$25.00/ITEM. PLEASE SIGN AND MAIL FORM.

SIGNATURE OF APPLICANT: _____

Failure to supply complete information and adequate sample size for testing results in delays of evaluation.