

BOSTON

FIRE COMMISSIONER
PAUL A CHRISTIAN, JR.

FIRE MARSHAL
DEPUTY FIRE CHIEF PETER A. LAIZZA

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.: () _____

ADDRESS OF PROPOSED INSTALLATION: _____

NAME OF PROPERTY: _____

SPECIFIC LOCATION WITHIN PROPERTY: _____

DATES OF USE: FROM: _____ TO: _____

IDENTIFICATION OF ENCLOSURE MATERIAL;

MANUFACTURER MIL MODEL NUMBER:

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 FOR **\$14.00 PER SAMPLE SUBMITTED**, PAYABLE TO THE CITY OF BOSTON. PLEASE SIGN AND MAIL FORM. PERMITS WILL BE MAILED TO SUBMITTER.

SIGNATURE OF APPLICANT: _____

FIRE DEPARTMENT/CHEMIST OFFICE/1010 MASSACHUSETTS AVE. -4TH FL/BOSTON, MA 02118
TEL. NO. 617-343-3527

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PAUL A. CHRISTIAN, JR.

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APPLICATION FOR APPROVAL OF MATERIAL (S) FOR TEMPORARY ENCLOSURES
(YEARLY)

PRINT OR TYPE INFORMATION REQUESTED

DATE: _____

BFD CERT. NO.:
(for BFD office use only)

SUBMITTER _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

TELEPHONE NO.: () _____

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;
MANUFACTURER

MIL.

MODEL NUMBER:

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 FOR **\$25.00 PER SAMPLE SUBMITTED**, PAYABLE TO THE CITY OF BOSTON. PLEASE SIGN AND MAIL FORM.

SIGNATURE OF APPLICANT: _____
Failure to supply complete information and adequate sample size for testing results in delays of evaluation.