



**CITY OF BOSTON  
INSPECTIONAL SERVICES DEPARTMENT  
1010 MASSACHUSETTS AVENUE, BOSTON, MA 02118 • 635-5300  
APPLICATION FOR PERMIT TO INSTALL FIRE PROTECTION SYSTEM(S)**

Location: \_\_\_\_\_  
 Floor: \_\_\_\_\_ Unit: \_\_\_\_\_ Condo (Y/N): \_\_\_\_\_  
 City Area: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Commercial (Exist./New): \_\_\_\_\_  
 Residential (Exist./New): \_\_\_\_\_

Use and Occupancy: \_\_\_\_\_  
 Location and Description of Proposed Work: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Corp.: \_\_\_\_\_ Partnership: \_\_\_\_\_ Company: \_\_\_\_\_  
 (Owner) General Contractor: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Plans Submitted (Y/N): \_\_\_\_\_ License Number: \_\_\_\_\_ Class: \_\_\_\_\_

**\* 20.00  
 FEE PLUS \$1.00 PER HEAD/OUTLET \***

FIRE PROTECTION SYSTEMS	Fix		Sub													Other				
	Tot	Bas	Bas	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th		13th	14th	15th	16th
WET																				
DRY																				
STANDPIPE 1.5																				
STANDPIPE 2.5																				
CHEMICAL SYSTEM																				

Service, High-Low, Size and Street \_\_\_\_\_

Number and Size of Supplies (new, or existing) \_\_\_\_\_

Alarm Devices \_\_\_\_\_

Describe fully Pumps, Tanks, etc. \_\_\_\_\_

Chemical Systems No. \_\_\_\_\_ No. of Nozzles \_\_\_\_\_ and Type of System \_\_\_\_\_

Describe Chemical Systems \_\_\_\_\_

\* MASS. DEBRIS DISPOSAL LAW \*\* MGL c40, S54, C584, S9, all, S150A. Will work result in any debris? Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws I have a current Liability Insurance Policy including Completed Operations Coverage or its substitute equivalent. YES \_\_\_\_\_ NO \_\_\_\_\_ I have submitted valid proof of same to the office. YES \_\_\_\_\_ NO \_\_\_\_\_ If you have checked YES, please indicate the type of coverage by checking the appropriate box. INSURANCE: \_\_\_\_\_ BOND: \_\_\_\_\_ OTHER: \_\_\_\_\_ (Please Specify) \_\_\_\_\_

OWNER INSURANCE WAIVER: I am aware that the Licensee does not have the insurance coverage or its equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Signature of Owner/Agent: \_\_\_\_\_

TO THE COMMISSIONER, INSPECTIONAL SERVICE DEPARTMENT, THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO INSTALL \_\_\_\_\_

ACCORDING TO THE FOLLOWING SPECIFICATIONS: \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF LICENSED INSTALLER Telephone No. \_\_\_\_\_

Notify inspector for rough and/or final inspection. Permit must be obtained before commencing any, and all work in compliance with all applicable laws and ordinances required and understood.

This permit is issued with the understanding that all fees have been paid in full pursuant to City of Boston Code, Ordinance, Title 14, 450(48); Further, this permit is issued with the understanding and agreement between the applicant and the Commissioner that no solicitation, promise, payment or exchange of any gift, gratuity or thing of value, including cash, over and above the aforementioned permit fees, has or will take place relative to the permit being issued or relative to the information and/or assurances contained in the permit application plans or permit. If such solicitation, promise, payment or exchange has occurred, this permit is void and civil or criminal action will be instituted. This permit shall be void, if work has not commenced in 90 days.



**FINAL REPORT**

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Has the work been completed in accordance with this application?

No.....

*Inspector.*

**NOTE EXCEPTIONS**

Plan No. ....

Approved .....19

*Senior Mechanical Engineer*

**MEMORANDA**

**APPLICATION FOR PERMIT TO INSTALL FIRE PROTECTION SYSTEM(S)**

**LOCATION**

.....Ward.....

**Referred to Inspector**

Boston, ..... 19  
To the Commissioner, Inspectional Services:  
I have examined the premises and find same as herein described.

*Inspector.*

**CONDITIONS**

**PERMIT GRANTED**

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Permit filled out by.....

Fee, \$.....

Estimated Cost, \$.....