THOMAS M. MENINO
MAYOR

BOSTON INSPECTIONAL SERVICES DEPARTMENT

WILLIAM J. GOOD
COMMISSIONER

FIRE ESCAPE AND FIRE BALCONY AFFIDAVIT

Date: _____ Filing Fee: $50.00 per structure

To: Commissioner, Inspectional Services Department

I certify that I have inspected the (please circle the following): (Fire escape) (Exterior Bridge) (Egress) (Connecting balconies) (Wooden Stairways) located @ (choose one): Side, Front or Rear of: Building Located at: _____ Ward ____

Property Owner: _____ Phone #_____

Owner's Address: _____
City_____ State _____ Zip_____

To the best of my knowledge, information and belief, this egress component is in conformity with provisions of the Massachusetts State Building Code, Chapter 1001.3.3.

Certification is required every 5 years by a Massachusetts Registered Professional Engineer, Licensed Fire Escape Installer, or other qualified and acceptable to the Building Official.

_____ _____
Registered Professional Engineer Registration Number

_____ _____
Licensed Fire Escape Installer Licensed Number and Type
(or other Approved by Building Official)

_____ _____
Address Phone Number

Commonwealth of Massachusetts
Suffolk County

Then Personally appeared the above named:

_____
And made oath that the above Statement by him/her is true:

Before me:_____ Date:_____
My Commission expires on: _____ Notary_____