



**Boston Fire Department
 Fire Prevention Division
 1010 Massachusetts Avenue – 4th Floor
 Boston, MA 02118
 Tel: 617-343-2175 Fax: 617-343-3604**

<i>For BFD Internal Use Only:</i>
Payment Received Date: _____
Payment Number: _____
Customer ID: _____
Permit Number: _____

APPLICATION TO BAG SMOKE DETECTORS PERMIT

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

STARTING DATE: _____ ENDING DATE: _____

ADDRESS FOR BAGGING DETECTORS: _____

BUILDING OWNER'S NAME: _____

BUILDING OWNER'S ADDRESS: _____

Number *Street*

_____ PHONE: _____

City *State* *Zip Code*

CONTRACTOR'S NAME: _____

CONTRACTOR'S ADDRESS: _____

Number *Street*

_____ PHONE: _____

City *State* *Zip Code*

FAX: _____ E-MAIL ADDRESS: _____

FLOORS WHERE DETECTORS ARE TO BE BAGGED: _____

REASON FOR BAGGING: _____

DAYS AND HOURS OF BAGGING OPERATION: _____

NAME OF PERSON RESPONSIBLE FOR LOG BOOK: _____

APPLICANT'S NAME (PRINT): _____

APPLICANT'S SIGNATURE: _____ DATE: _____

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