



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

Instructions for the Cutting/Burning and Welding Applications

All fields on applications must be **CORRECTLY AND COMPLETELY FILLED OUT**;

- Incomplete or incorrect application(s) will be returned by mail only.
- Areas that are either incorrect or incomplete will be hi-lighted and if necessary a written explanation will accompany a returned application(s).
- To ensure accuracy when resubmitting the corrected application(s) resubmit the hi-lighted application with your corrections on it.
- Correctly completed applications take 3 – 5 business days for processing and approval review.
- Phone calls on the status of the application should only be made if the application has been in Fire Prevention for more than 1 week.
- When the application is approved the customer will be called for pick –up if it is unpaid or pick-up was requested at time of submittal. Due to volume of permits issued, a permit requested for pick-up is only held in Fire Prevention for 1 business day, after which it is automatically mailed out.
- If pick-up was not requested upon approval it will be automatically mailed out.

Permission Letter

All applications for Cutting/Burning/ Welding must be accompanied with a permission letter from the property owner, manager, or agent at the time of submittal, there are **NO EXCEPTIONS**. Permission Letters must be submitted:

- on letterhead,
- must be dated,
- specify the exact work location (street address and number),
- list the name of every contractor performing cutting/burning/ and welding work on the property,
- list all floors where work is being performed, a floor and area must be individually listed, **“ALL FLOORS” IS NOT ACCEPTABLE AND THERE ARE NO EXCEPTIONS**
- if the work is being performed in certain area(s) like the basement or the roof, the letter must specify these locations and the reason why the work is being performed
- reason for the work being performed must be in all letters
- signed by property owner/agent/manager

Emergency Work

If the job is an emergency **THE APPLICATION AND THE LETTER MUST STATE THIS**. An emergency relates to items such as:

- no heat in the winter,
- no water or hot water,
- no air-conditioning in the summer,
- unusable handicapped facilities or
- unsafe conditions.

A job that is time or fiscally sensitive on either the contractor’s or property owners’ part does not constitute an emergency. It must be a life safety issue.

Paid Details

Only upon approval will it be known as to whether a Paid Detail will be required. An instruction sheet will be attached to the permit in order for a Paid Detail to be ordered. **PERMIT NUMBERS WILL NOT BE GIVEN OUT IN ADVANCE; THE PERMIT MUST BE IN CONTRACTOR’S HAND IN ORDER FOR PAID DETAIL TO BE ORDERED.**

Extensions

The maximum time allowable under the law for this permit is six months. When requesting an extension your original permit with the request can be either faxed or hand delivered at least 2 weeks prior to its expiration. As long as the scope of work has not changed, permit has not expired, and the permission letter is acceptable it will be automatically extended. If the above is not the case it is a totally new application and all of the above is required.

Note: It is the contractor’s responsibility to make copies and maintain original permit. All original permits must be posted and maintained on job-site. If lost, a copy may be requested, but will only be available **by pick-up** in Fire Prevention. **Faxed Permits are never valid.**



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

APPLICATION FOR CUTTING-BURNING-WELDING PERMIT

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

STARTING DATE _____ ENDING DATE _____

(6 MONTH MAXIMUM)

JOB LOCATION _____

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: _____

TO CONDUCT THE FOLLOWING _____

STATE FLOORS AND/OR AREAS INVOLVED _____

Acetylene:	Tanks _____ @ c.f. _____ = _____	Liquid Oxygen:	Tanks _____ @ c.f. _____ = _____
Acetylene: (B)	Tanks _____ @ c.f. _____ = _____	Mapp Gas:	Tanks _____ @ c.f. _____ = _____
Argon:	Tanks _____ @ c.f. _____ = _____	Oxygen:	Tanks _____ @ c.f. _____ = _____
CO2:	Tanks _____ @ c.f. _____ = _____	Propane:	Tanks _____ @ c.f. _____ = _____
	# of Torches: _____		# of Welders: _____

APPLICANT'S NAME (PRINT) _____

APPLICANT'S SIGNATURE _____ DATE _____

***PLEASE NOTE: You must obtain a release letter from the owner or management company stating the dates and floors you will be working on in accordance with CMR 39.**

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