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

For BFD Internal Use Only:

Payment Received Date:_____

Payment Number:_____

Customer ID:_____

Permit Number:

APPLICATION FOR ERECTING A TENT/TEMPORARY STRUCTURE

Completed Permit should be:_____ Mailed _____e-mailed _____Will be picked up

STARTING DATE_____ENDING DATE_____

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_____

_____

NAME OF EVENT_____

HOW MANY TENTS?_____ TENT DIMENSIONS_____X_____X_____

_____X_____X_____ _____X_____X_____ _____X_____X_____

TOTAL CUBIC FEET OF PROJECT_____ _____X_____X_____

TOTAL NUMBER OF PEOPLE_____ (FOR PLACE OF ASSEMBLY)

CERTIFICATIONS_____ _____ _____ _____

APPLICANT'S NAME (PRINT)_____

APPLICANT'S SIGNATURE_____DATE_____

PLEASE NOTE: SUBMIT A SMALL SKETCH OR MAP OF WHERE TENTS WILL BE LOCATED. ALSO, ANY OPEN FLAMES OR TEMPORARY HEAT REQUIRE ADDITIONAL PERMITS.

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

Revised 8/09