



**Boston Fire Department
Fire Prevention Division
1010 Massachusetts Avenue – 4th Floor
Boston, MA 02118
Tel: 617-343-3447 Fax: 617-343-2197**

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

**APPLICATION FOR APPROVAL TO INSTALL/ALTER STATIONARY/PORTABLE
COMBUSTION ENGINE(S)**

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

STARTING DATE: _____ ENDING DATE: _____

NAME OF OWNER OR OCCUPANT: _____

ADDRESS: _____ PHONE NO. _____

EMERGENCY GENERATOR: _____ MANUFACTURER _____

LEVEL _____ CLASS _____ TYPE _____

FIRE PUMP _____ MODEL/SIZE: _____

NAME OF G-12 _____ LIC. # _____

NAME OF ELECTRICIAN _____ LIC. # _____

DAY TANK

MANUFACTURER _____ CAPACITY: _____

SIZE(DIMENSIONS): _____ LOCATION: _____

SPILL CONTAINMENT: _____

MAIN STORAGE TANK

ABOVEGROUND: _____ UNDERGROUND: _____

SIZE: _____ CAPACITY: _____ LOCATION: _____

PIPING

SUPPLY & RETURN: _____ SIZE: _____ ENCASED IN: _____

RETURN PUMPING: _____ LEAK DETECTION: _____

CONTROLS

LOCATION OF AUTOMATIC SHUT OFF: _____

LOCATION AND TYPE OF MANUAL SHUT OFF: _____

CONTRACTOR _____

ADDRESS _____ PHONE _____

FAX: _____ E-MAIL ADDRESS: _____