



**Boston Fire Department
Fire Prevention Division
1010 Massachusetts Avenue – 4th Floor
Boston, MA 02118
Tel: 617-343-2043 Fax: 617-343-2133**

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

Application for Alteration, Installation, Maintain Fire Extinguishing System

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

Application For:

- | | |
|--|---|
| <input type="checkbox"/> Fire Pump | <input type="checkbox"/> Sprinkler System |
| <input type="checkbox"/> Water Main, Hydrant | <input type="checkbox"/> Fire Department Connection(s) |
| <input type="checkbox"/> Standpipe(s) | <input type="checkbox"/> Special Extinguishing System _____ |
| <input type="checkbox"/> Other _____ | |

Building Information

Building Address _____
 Owner's Representative or Management Company _____
 Address _____
 Telephone Number _____ Pager _____ Cellular _____
 Fax _____ E-mail Address _____
 Contact Person _____
 Number of Stories Above Grade _____ Occupancy Type _____

Contractor Information

Contact Person (project manager, job foreman) _____
 Name of Company _____
 Address _____
 Company Telephone Number _____ Pager _____ Cellular _____
 License Number _____ Type _____
 General Contractor's Name _____
 Address _____
 Telephone Number _____ Pager _____ Cellular _____

Office Use Only

Comply with the provisions of the BFPC Article 14, and additional conditions as noted. Failure to properly notify the Boston Fire Alarm Office will render this permit void.

Approved Denied (state reason)

Name _____ Title _____ Date _____

Boston Fire Department

Application for Alteration, Installation, Maintain Fire Extinguishing System

Job Information

Is this a new sprinkler system installation? Yes No N/A

Is this an alteration to a present system? Yes No N/A

Maintaining existing equipment? Yes No N/A

Installing new sprinkler system equipment? Yes No N/A

Will the existing sprinkler system be physically removed from the area under construction? Yes No N/A

Describe scope of work (use additional sheet if necessary): _____

Impairment Information

Will the building sprinkler system be shut off drained or construction area be zoned out (check one)

Will the fire alarm be shut off or will the sprinkler alarm be disabled by zone or by building (check one)

Will any means of egress or other fire protection feature, be affected by this work or by any other work being performed by you or any other contractor? (Consult with building management before you answer this question.) Yes No N/A

Floor location _____ Approximate total floor area _____ Approximate area impaired _____

For how long of a time will the system be shut off? _____

(If any portion of the system will be shut off longer than 8 hours, or if the entire system is shut down/drained for any length of time, an Extended Impairment Plan must be submitted with this application prior to approval. Please ask for example.)

Who is the person(s) (Impairment Coordinator) that is responsible for shutting off and turning on the sprinkler system?

Name _____

Company _____

Telephone Number _____

Who is the person(s) that is responsible for disabling and enabling the alarm system?

Name _____

Company _____

Telephone Number _____

Alteration and Impairment of Water Based Fire Suppression Systems

Property Address _____

Contractor _____

Telephone _____ Job Location _____

Job Description _____

Firesafety Requirements

1. In the event of an emergency: **Dial 911**.
2. In the event of any fire alarm activation or fire, the work shall be stopped, open lines capped and the system turned back on.
3. All responsible personnel shall be instructed as to the location of the sprinkler control valve that controls the impaired area under construction, alteration or maintenance. Personnel shall understand how to turn the valve on.
4. Security personnel shall be notified of the system shut down.
5. A "Red Tag Permit" system shall be in place prior to start of work. If you do not know what a Tag Permit system is, see NFPA 25, Chapter 11.
6. A log shall be kept of all the Red Tags and their location.
7. Tags are required at the fire command center and control valve for the area affected.
8. All required means of egress shall be maintained *at all times*.
9. Work shall be performed without interruption so that fire protection systems are not shut down any longer than necessary.
10. All tenants affected by the impairment shall be notified as to the location and time(s) of the impairment.
11. At least one responsible person must remain at the impaired location *at all times* while system is impaired.
12. The Fire Department (Fire Alarm Division 343-2880) shall be notified when the fire alarm and sprinkler system is shut down and restored. To report an emergency: **Dial 911**
13. A log book shall be kept, containing location, time of placement, time of removal, personnel responsible for flange blanks if they are used.
14. A system acceptance or periodic test shall be performed in accordance with applicable NFPA standards. The results shall be given to the building owner or property manager and kept on site.

NFPA 13 Automatic Sprinkler Systems
NFPA 14 Standpipes
NFPA 20 Fire Pumps
NFPA 25 Maintenance

15. The sprinkler system will be returned to full service at the end of each working day.

16. The fire alarm system shall be returned to full service at the end of each working day.

17. Work shall be planned and all materials at the job site and ready for use.

18. Fire extinguishers shall be placed in unprotected area(s).

As a minimum, for Light (Low) Hazard Occupancies, One, 2-A extinguisher is required per 3,000 sq. ft. (see NFPA 10).

19. No Cutting or Welding operations are allowed in unprotected area(s) while sprinkler system is shut off.

20. No Smoking in unprotected areas while sprinkler system is shut off.

By signing below, I have read and understood the above requirements and agree to comply with all applicable regulations.

No work shall begin until all the firesafety requirements and or the extended impairment plan has been implemented.

These firesafety requirements are in addition and not in lieu of the requirements of 527 CMR, MGL 148, 780 CMR and The Boston Fire Prevention Code.

Applicant Signature _____

Print Name _____

Impairment Coordinator
Signature _____

Print Name _____

Date _____

Official Use Only

Approved By _____

Issued By _____

Date Issued: _____

Date of Expiration: _____

Permit Number _____

