

**BOSTON FIRE DEPARTMENT
FIRE PREVENTION DIVISION
1010 MASSACHUSETTS AVENUE
BOSTON, MA 02118
(617) 343-2189 FAX (617) 343-3604**

APPLICATION FOR SPRAY PAINTING (GENERAL)

STARTING DATE _____ **ENDING DATE** _____

JOB LOCATION _____

JOB SITE OR PROJECT # _____

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* _____

CONTACT PERSON AT SITE _____

TO CONDUCT SPRAY PAINTING IN THE FOLLOWING AREAS _____

IS THIS ELECTROSTATIC SPRAY PAINTING? YES NO

NUMBER OF HOURS DAILY (____) **FROM** _____ **AM TO** _____ **PM**

APPLICANT'S NAME (PRINT) _____

APPLICANT'S SIGNATURE _____ **DATE** _____

PLEASE NOTE: ATTACH JOB HAZARD ANALYSIS INCLUDING MSDS SHEETS TO APPLICATION THAT INDICATE SAFETY MEASURES IN EFFECT FOR OPERATIONS.