



**Boston Fire Department  
Fire Prevention Division  
1010 Massachusetts Avenue – 4<sup>th</sup> 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 SPRAY PAINTING (GENERAL)***

Completed Permit should be: \_\_\_\_\_ Mailed \_\_\_\_\_ E-mailed \_\_\_\_\_ Picked up

STARTING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

JOB LOCATION \_\_\_\_\_

JOB SITE OR PROJECT # \_\_\_\_\_

BUILDING OWNER'S NAME \_\_\_\_\_

BUILDING OWNER'S ADDRESS \_\_\_\_\_

Number Street  
\_\_\_\_\_  
City State Zip Code **PHONE** \_\_\_\_\_

CONTRACTOR'S NAME \_\_\_\_\_

CONTRACTOR'S ADDRESS \_\_\_\_\_

Number Street  
\_\_\_\_\_  
City State Zip Code **PHONE** \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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.

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