



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

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

**APPLICATION FOR ASBESTOS REMOVAL PERMIT**

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

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

ADDRESS ASBESTOS REMOVAL: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\*BFD POLYETHELENE CERTIFICATION NUMBER \_\_\_\_\_

FLOOR WHERE ASBESTOS IS TO BE REMOVED \_\_\_\_\_

SPECIFIC LOCATION OF THE ASBESTOS \_\_\_\_\_

\_\_\_\_\_

APPLICANT'S NAME (PRINT): \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*NOTE TEMPORARY ENCLOSURE MATERIAL(S) MUST BE EVALUATED AND FOUND ACCEPTABLE FOR USE IN ACCORDANCE WITH ARTICLE 7.12(a) OF THE FIRE PREVENTION CODE. BFD CERTIFICATION NUMBERS ARE ISSUED THROUGH THE BFD CHEMIST OFFICE (617) 343-3527, AND ARE VALID FOR ONE YEAR ONLY.**

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