

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

APPLICATION FOR ASBESTOS REMOVAL PERMIT

STARTING DATE _____ **ENDING DATE** _____

ADDRESS OF 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** _____

***BFD POLYETHELENE CERTIFICATION NUMBER** _____

LOCATION WHERE ASBESTOS IS TO BE REMOVED _____

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.**