## **Boston Fire Department Fire Prevention Division**

1010 Massachusetts Ave. Boston, MA 02118 (617) 343 - 2043 (617) 343 - 2133 fax

Application for Alteration, Installation, Maintain Fire Extinguishing System

Application For:				
☐ Fire Pump	Sprinkler System			
Water Main, Hydrant	☐ Fire Department Connec	Fire Department Connection(s)		
☐ Standpipe(s)	•	☐ Special Extinguishing System		
☐ Other				
Building Information				
Building Address				
Owner's Representative or Management Compar	ny			
Address				
Telephone Number		Cellular		
Contact Person				
Number of Stories Above Grade				
Contractor Information				
Contact Person (project manager, job foreman) _				
Name of Company				
Address				
Company Telephone Number		Cellular		
License Number	Туре			
General Contractor's Name				
Address				
Telephone Number	Pager	Cellular		
	Office Use Only			
Comply with the provisions of the BFPC Article 14, and additional this permit void.	onal conditions as noted. Failure to pro	perly notify the Boston Fire Alarm Office will render		
☐ 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 No N/A Yes No No N/A	
Installing new sprinkler system equipment?		
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 $\ \square$ drained $\ \square$ or construction area be zoned or	ut [ (check one)	
Will the fire alarm be shut off $\square$ or will the sprinkler alarm be disabled by zone $\square$ or by buildir	ng 🗌 (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 any length of time, an Extended Impairment Plan must be submitted with this applease ask for example.)		
Who is the person(s) (Impairment Coordinator) that is responsible for shutting off and turning of Name	on the sprinkler system?	
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

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Property Address			
Contractor Job Location			
Job Description			
Firesafety Requirements			
1. In the event of an emergency: <b>Dial 911</b> .	15.The sprinkler system will be returned to full service at		
2. In the event of any fire alarm activation or fire, the work	the end of each working day.		
shall be stopped, open lines capped and the system turned back on.	16. The fire alarm system shall be returned to full service at the end of each working day.		
3. All responsible personnel shall be instructed as to the location of the sprinkler control valve that controls the	17.Work shall be planned and all materials at the job site and ready for use.		
impaired area under construction, alteration or maintenance. Personnel shall understand how to turn the valve on.	18.Fire extinguishers shall be placed in unprotected area(s).		
4. Security personnel shall be notified of the system shut down.	As a minimum, for Light (Low) Hazard Occupancies, One, 2-A extinguisher is required per 3,000 sq. ft. (see NFPA 10).		
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.	19.No Cutting or Welding operations are allowed in unprotected area(s) while sprinkler system is shut off.		
6. A log shall be kept of all the Red Tags and their location.	20.No Smoking in unprotected areas while sprinkler system is shut off.		
<ol> <li>Tags are required at the fire command center and control valve for the area affected.</li> </ol>	requirements and agree to comply with all applicable		
3. All required means of egress shall be maintained at all times.	regulations.		
9. Work shall be performed without interruption so that fire	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		
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.	The Boston Fire Prevention Code.		
11.At least one responsible person must remain at the	Applicant Signature  Print Name		
impaired location at all times while system is impaired.	Impairment Coordinator		
12.The Fire Department (Fire Alarm Division 343-2880) shall be notified when the fire alarm and sprinkler	Signature		
system is shut down and restored. To report an	Print Name		
emergency: <b>Dial 911</b> 13.A log book shall be kept, containing location, time of	Date		
placement, time of removal, personnel responsible for			
flange blanks if they are used.	Official Use Only		
14.A system acceptance or periodic test shall be performed in accordance with applicable NFPA standards. The	Approved By		
results shall be given to the building owner or property manager and kept on site.	Issued By		
NFPA 13 Automatic Sprinkler Systems	Date Issued:		
NFPA 14 Standpipes NFPA 20 Fire Pumps NFPA 25 Maintenance	Date of Expiration:		

Permit Number \_\_\_\_\_