



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

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

APPLICATION TO BAG SMOKE DETECTORS PERMIT

Completed Permit should be: _____ Mailed _____ E-mailed _____ Picked up

STARTING DATE: _____ ENDING DATE: _____

ADDRESS FOR BAGGING DETECTORS: _____

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: _____

FLOORS WHERE DETECTORS ARE TO BE BAGGED: _____

REASON FOR BAGGING: _____

DAYS AND HOURS OF BAGGING OPERATION: _____

NAME OF PERSON RESPONSIBLE FOR LOG BOOK: _____

HAS A BOSTON FIRE DEPARTMENT CONSTRUCTION PERMIT BEEN APPLIED FOR? YES NO

WILL THE PHYSICAL OR ELECTRONIC IMPAIRMENT OF ANY SMOKE DETECTION DEVICE AFFECT THE EMERGENCY FUNCTION OF THE ELEVATOR RECALL OR SMOKE CONTROL SYSTEM? YES NO

WILL ANY ADDITIONAL LIFE SAFETY SYSTEM BE IMPAIRED WITHIN THE BUILDING OR WORK AREA WHILE DETECTORS ARE IMPAIRED? YES NO

IF YES TO EITHER OF THE QUESTIONS ABOVE SUBMIT AN IMPAIRMENT LETTER WITH THIS APPLICATION DETAILING HOW THESE ADDITIONAL SYSTEM IMPAIRMENTS WILL BE MITIGATED WHILE SMOKE DETECTION IS IMPAIRED.

UPON APPROVAL OF THIS APPLICATION, I UNDERSTAND THE PERMIT MAY ONLY BE EXERCISED PROVIDED THAT NO ADDITIONAL LIFE SAFETY SYSTEM IMPAIRMENTS ARE CONCURRENTLY TAKING PLACE WITHOUT THE PROPERTY MANAGEMENT'S PRIOR KNOWLEDGE AND CONSENT IN CONJUNCTION WITH THE BOSTON FIRE DEPARTMENT.

APPLICANT'S NAME (PRINT): _____

APPLICANT'S SIGNATURE: _____ DATE: _____

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