



**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: _____
Customer ID: _____
Permit Number: _____

APPLICATION FOR CONSTRUCTION/DEMOLITION/RENOVATION PERMIT

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

STARTING DATE _____ ENDING DATE _____

LOCATION OF CONSTRUCTION/DEMOLITION/RENOVATION PERMIT:

BUILDING OWNER'S NAME _____

BUILDING OWNER'S ADDRESS _____

Number Street

City State Zip Code

CONTRACTOR'S NAME _____

CONTRACTOR'S ADDRESS _____

Number Street

City State Zip Code **PHONE** _____

FAX: _____ E-MAIL ADDRESS: _____

TO CONDUCT THE FOLLOWING _____

INDICATE WHAT FLOORS ARE INVOLVED _____

TOTAL CUBIC FEET OF PROJECT _____

APPLICANT'S NAME (PRINT) _____

APPLICANT'S SIGNATURE _____ DATE _____

*****ADDITIONAL PERMITS ARE REQUIRED FROM THE BOSTON FIRE DEPARTMENT TO INSTALL, REPAIR OR ALTER FIRE ALARM AND EXTINGUISHING SYSTEMS, PERFORM HOT WORK, REMOVE ASBESTOS, AND BAG SMOKE DETECTORS.***** PAYABLE AT TIME OF APPLICATION*******