



**Boston Fire Department  
 Fire Prevention Division  
 1010 Massachusetts Avenue – 4<sup>th</sup> Floor  
 Boston, MA 02118  
 Tel: 617-343-3447 Fax: 617-343-2197**

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

**APPLICATION FOR A GENERAL PERMIT**

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

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

CONTRACTOR'S NAME: \_\_\_\_\_

CONTRACTOR'S ADDRESS: \_\_\_\_\_

*Number* *Street*

\_\_\_\_\_ **PHONE:** \_\_\_\_\_

*City* *State* *Zip Code*

FAX: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**Permit to be exercised at the following location:**

*Number* *Street* *City*

\_\_\_\_\_

**To Conduct the Following** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**And For the Keeping, Storage, Use or Manufacture of the Following Hazardous Materials** \_\_\_\_\_

\_\_\_\_\_

After an approved inspection by a Boston Fire Department Inspector of the location herein named for the exercise of such permit and compliance with the Statutes of the Commonwealth, the Regulations of the board of Fire Prevention Regulations, the Ordinances of the City of Boston, and with the safeguards and other conditions prescribed by the Head of the Fire Department, a permit shall be granted.

Applicant's Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicant's Phone Number(s) \_\_\_\_\_

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