



**BOSTON INSPECTIONAL SERVICES DEPARTMENT**  
1010 MASSACHUSETTS AVE  
5TH FLOOR  
BOSTON, MA 02118  
(617) 635-5300

**FIRE ESCAPE AND FIRE BALCONY AFFIDAVIT**

Date: \_\_\_\_\_

Filing Fee: \$50.00 per structure

To: Inspectional Services Department Commissioner,

I certify that I have inspected the (please circle the following): (Fire Escape) (Exterior Bridge) (Egress) (Connecting Balconies) (Wooden Stairways) located at (choose one): Side, Front, or Rear of: Building

Located at: \_\_\_\_\_ Ward: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

To the best of your knowledge, information and belief, this egress component is in conformity with provisions of the Massachusetts State Building Code, Chapter 1001.3.2

Certification is required every five (5) years by a Massachusetts Registered Professional Engineer, Licensed Fire Escape Installer, or other qualified and acceptable to the Building Official.

\_\_\_\_\_  
Registered Professional Engineer

\_\_\_\_\_  
Registration Number

\_\_\_\_\_  
Licensed Fire Escape Installer  
(or other Approved by Building Official)

\_\_\_\_\_  
License Number and Type

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

**Commonwealth of Massachusetts Suffolk County**

Then personally appeared the above named:

\_\_\_\_\_  
And made oath that the above statements by him/her is true:

Before me: \_\_\_\_\_ Date: \_\_\_\_\_

My Commission expires on: \_\_\_\_\_ Notary: \_\_\_\_\_