



**City of Boston
INSPECTIONAL SERVICES DEPARTMENT**

Mayor Martin J. Walsh

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 Rear of:

Building 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)

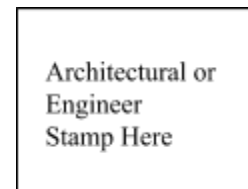
License Number and Type

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: _____