



**Boston Fire Department  
Fire Prevention Division  
1010 Massachusetts Avenue – 4<sup>th</sup> Floor  
Boston, MA 02118  
Tel: 617-343-3527 Fax: 617-343-3604**

BFD CERT. NO.: (FOR OFFICE USE ONLY)
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**APPLICATION FOR APPROVAL OF MATERIAL (S) FOR TEMPORARY ENCLOSURES  
( PER LOCATION COMPLETE IN INK ONLY.)**

PLEASE PRINT OR TYPE INFORMATION REQUESTED

DATE: \_\_\_\_\_ BFD CERT.NO.: \_\_\_\_\_

SUBMITTER \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NO.: ( ) \_\_\_\_\_ FAX NO.: ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS OF PROPOSED INSTALLATION: \_\_\_\_\_

NAME OF PROPERTY: \_\_\_\_\_

SPECIFIC LOCATION WITHIN PROPERTY: \_\_\_\_\_

DATES OF USE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

IDENTIFICATION OF ENCLOSURE MATERIAL;

<u>MANUFACTURER</u>	<u>MIL</u>	<u>MODEL NUMBER:</u>
1. _____	_____	_____
2. _____	_____	_____

**Attach** Manufacturers Correspondence or Fire Test Reports with Manufacturers Name and Description of the product.

OTHER INFORMATION: \_\_\_\_\_

**NOTE:** Failure to supply complete information and adequate sample of material for testing results in delays in evaluation.  
YOU ARE REQUIRED TO OBTAIN A SEPARATE **PERMIT FOR ASBESTOS REMOVAL** THROUGH THE FIRE PREVENTION DIVISION/PERMITS OFFICE.

**ENC:** SAMPLES OF EACH ENCLOSURE MATERIAL, **MIN. SIZE 1 SQUARE YARD**, MANUFACTURERS TEST REPORTS.  
CHECK PAYABLE TO THE CITY OF BOSTON FOR \$25.00/ITEM. PLEASE SIGN AND MAIL FORM. PERMITS WILL BE MAILED TO SUBMITTER.

SIGNATURE OF APPLICANT: \_\_\_\_\_



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**APPLICATION FOR APPROVAL OF MATERIAL (S) FOR TEMPORARY ENCLOSURES  
(YEARLY)  
PRINT OR TYPE INFORMATION REQUESTED**

DATE: \_\_\_\_\_

SUBMITTER \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NO.: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS OF PROPOSED INSTALLATION: *VARIOUS LOCATIONS IN THE CITY OF BOSTON*

NAME OF PROPERTY: *VARIOUS LOCATIONS IN THE CITY OF BOSTON*

**IDENTIFICATION OF ENCLOSURE MATERIAL;  
MANUFACTURER**

**MIL.**

**MODEL NUMBER:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Attach** Manufacturers Correspondence/ Fire Test Reports, with Manufacturers Name and Description of the product.

\_\_\_\_\_

ADDITIONAL INFORMATION:

**NOTE:** YOU ARE REQUIRED TO OBTAIN A SEPARATE *PERMIT FOR ASBESTOS REMOVAL* THROUGH THE FIRE PREVENTION DIVISION/PERMITS OFFICE.

**ENC:** SAMPLE OF EACH ENCLOSURE MATERIAL, **MIN. SIZE 1 SQUARE YARD**, ATTACH MANUFACTURERS TEST REPORTS. CHECK PAYABLE TO THE CITY OF BOSTON FOR \$25.00/ITEM. PLEASE SIGN AND MAIL FORM.

SIGNATURE OF APPLICANT: \_\_\_\_\_

Failure to supply complete information and adequate sample size for testing results in delays of evaluation.