



**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**

*For BFD Internal Use Only:*  
Permit Number: \_\_\_\_\_

**APPLICATION FOR APPROVAL TO INSTALL/ALTER STATIONARY/PORTABLE COMBUSTION ENGINE(S)**

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

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

**Street Address where work is being performed:** \_\_\_\_\_

**CONTRACTOR** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

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

**NAME OF OWNER OR OCCUPANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**EMERGENCY GENERATOR:** \_\_\_\_\_ **MANUFACTURER** \_\_\_\_\_

**LEVEL** \_\_\_\_\_ **CLASS** \_\_\_\_\_ **TYPE** \_\_\_\_\_

**FIRE PUMP** \_\_\_\_\_ **MODEL/SIZE:** \_\_\_\_\_

**NAME OF G-12** \_\_\_\_\_ **LIC. #** \_\_\_\_\_

**NAME OF ELECTRICIAN** \_\_\_\_\_ **LIC. #** \_\_\_\_\_

**DAY TANK**

**MANUFACTURER** \_\_\_\_\_ **CAPACITY:** \_\_\_\_\_

**SIZE (DIMENSIONS):** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**SPILL CONTAINMENT:** \_\_\_\_\_

**MAIN STORAGE TANK**

**ABOVEGROUND:** \_\_\_\_\_ **UNDERGROUND:** \_\_\_\_\_

**SIZE:** \_\_\_\_\_ **CAPACITY:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**PIPING**

**SUPPLY & RETURN:** \_\_\_\_\_ **SIZE:** \_\_\_\_\_ **ENCASED IN:** \_\_\_\_\_

**RETURN PUMPING:** \_\_\_\_\_ **LEAK DETECTION:** \_\_\_\_\_

**LOCATION OF AUTOMATIC SHUT OFF:** \_\_\_\_\_

**LOCATION AND TYPE OF MANUAL SHUT OFF:** \_\_\_\_\_

**EMERGENCY LIGHTS:** \_\_\_\_ Yes \_\_\_\_ No **ELEVATORS:** \_\_\_\_ Yes \_\_\_\_ No **STAIR PRESSURIZATION:** \_\_\_\_ Yes \_\_\_\_ No