



**Boston Fire Department
 Fire Prevention Division
 1010 Massachusetts Avenue – 4th 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 OPEN BURNING/COOKING OPERATIONS

Completed Permit to be: _____ Mailed _____ E-mailed _____ Picked up

STARTING DATE: _____ ENDING DATE: _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

Number *Street*

_____ **PHONE:** _____

City *State* *Zip Code*

FAX: _____ E-MAIL ADDRESS: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

Number *Street*

_____ **PHONE:** _____

City *State* *Zip Code*

FAX: _____ E-MAIL ADDRESS: _____

Permit to be exercised at the following location:

Number *Street* *City*

Times of Burning/Cooking: From _____ To _____

Type of Fuel: _____ Amount of Fuel: _____

Storage Location of Fuel: _____

Number of cylinders: _____ Size of Cylinders: _____

Transportation of fuel:

Vehicle make, model, year: _____ Vehicle registration: _____

Applicant's Name (Print) _____ Date _____

Applicant's Signature _____

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