



**Boston Fire Department
 Fire Prevention Division
 1010 Massachusetts Avenue – 4th Floor
 Boston, MA 02118
 Tel: 617-343-3447 Fax: 617-343-2197**

For BFD Internal Use Only:
 Payment Received Date: _____
 Payment Number: _____
 Customer ID: _____
 Permit Number: _____

APPLICATION FOR A SPECIAL EFFECTS PERMIT

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

STARTING DATE: _____ **ENDING DATE:** _____

CONTRACTOR'S NAME: _____

CONTRACTOR'S ADDRESS: _____

Number *Street*

City *State* *Zip Code* **PHONE:** _____

FAX: _____ **E-MAIL ADDRESS:** _____

Permit to be exercised at the following location:

Number *Street* *City*

To Conduct the Following: Special Effects for the production/performances of _____ **on**

Date: _____ **Time:** _____

And/or for the keeping, storage, use, sale or manufacturing of the following hazardous materials:

Applicant's Name (Print) _____ **Date** _____

Applicant's Signature _____

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