

## BOSTON INSPECTIONAL SERVICES DEPARTMENT

## FIRE ESCAPE AND FIRE BALCONY AFFIDAVIT

| Date:  | Filing Fee: \$50.00 per structure   |
|--|---|
| To: Commissioner, Inspectional Services Department                         |   |
| (Egress) (Connecting balcomes) (Woode                                      | e circle the following): (Fire escape) (Exterior Bridge) en Stairways) located @ (choose one): Side, Front or Ward  |
|  | Phone #   |
| Owner's Address:   |   |
| City   | _StateZip   |
| Certification is required every 5 years by                                 | n and belief, this egress component is in conformity with ilding Code, Chapter 1001.3.2  a Massachusetts Registered Professional Engineer, ualified and acceptable to the Building Official.  |
| Registered Professional Engineer   | Registration Number   |
| Licensed Fire Escape Installer<br>(or other Approved by Building Official) | Licensed Number and Type  |
| Address  | Phone Number  |
| Commonwealth of Massachusetts<br>Suffolk County                            | en mineral mange an estado de constante de la |
| Then Personally appeared the above name                                    | ed:   |
| And made oath that the above Statement b                                   | by him/her is true:   |
| Before me:   | Date:   |
| My Commission expires on:  | Notary  |