



**CITY OF CAMBRIDGE  
FIRE DEPARTMENT**

ISO CLASS 1  
FIRE HEADQUARTERS  
491 BROADWAY, CAMBRIDGE, MA. 02138  
ph(617) 349-4918 fax(617) 349-4979  
detail office (617) 349 - 4990



**Application and Permit  
Cutting and Welding**

In accordance with the provisions set forth in MGL Chapter 148 Section 10A and the rules and regulations of The Board of Fire Prevention Regulations Section 39, application is hereby made by:

Name:

(Full Name of Person, Firm, or Corporation)

Address:

(Street or PO Box)

City:

State:

Zip:

Email:

Phone:

Fax:

**For Permission To Store Fuel Gases And Perform Welding And Cutting**

Job Location:

Floor/Area:

Start Date:

Expiration Date:

Contracted By: Jo

b Supervisor:

Welder Name:

Job Phone:

Type of Equipment: Oxy/Acetylene Oxy/Propane Electric Arc Tig/Mig

Description of Work:

Applicant shall provide written authorization signed by the property owner or his agent describing the scope and specific locations where the work is to be performed. A Fire Watch shall be provided to safeguard against the ignition of any material by the welding or cutting operation. Contractor must provide a 2-½ gallon water extinguisher. By signing, I hereby acknowledge to abide by the requirements set forth in 527CMR Board of Fire Prevention Regulations §39 and the requirements of the Cambridge Fire Department.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Official Granting Permit: \_\_\_\_\_

*for office use only*

**Permit Number:** \_\_\_\_\_ Paid Fire Detail Required Contractor Fire Watch Required  
(NOT VALID WITHOUT PERMIT NUMBER)

**➡ This permit must be conspicuously posted upon the premises ←**