City of Cambridge

Bureau of FIRE PREVENTION

ISO Class 1 Fire Department
Fire Headquarters
491 Broadway, Cambridge, MA., 02138

Permit Application for Temporary Heat

____*CAMBRIDGE*____
(City or Town)

Permit Number: _____
(Fire Department Use Only)

Applicant Name (Print): _____

Address: _____

Phone Number (OFFICE / CELL): _____

E-mail Address: _____

Applicant Signature: _____

Building Owner: _____Building Owner Contact Number: _____

Address of PROJECT: _____

Permit Issu | | **To Expire:** | |

To conduct the following: _____

_____

Permit issued for the following: _____

Fire Prevention Officer: _____ Date: _____

Fire Detail Required: Yes No

***Applicant to comply with conditions set forth for issuance of said PERMIT*!**