



City of Boston
Inspectional Services

FIRE ESCAPE AND FIRE BALCONY AFFIDAVIT

Date: _____

Filing Fee: \$50.00 Per Structure

To: Inspectional Services Department Commissioner

I certify that I have inspected the (please check the following):

- ☐ Fire Escape
- ☐ Exterior Bridge
- ☐ Egress
- ☐ Connecting Balconies
- ☐ Wooden Stairways

Located at: (Check One) Side ____ Front ____ or Rear of _____

Building Location: _____ Ward _____

Property Owner: _____ Phone #: _____ Email: _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

To the best of my knowledge, information and belief, this egress component is in conformity with provisions of the Massachusetts State Building Code, Chapter 100I.3.2

Certification is required every five (5) years by a Massachusetts Registered Professional Engineer, Licensed Fire Escape Installer or other qualified individual acceptable to the Building Official.

Register Professional

Register Number

Licensed Fire Escape Installer
(Or Other Approved by Building Official)

License Number and Type

Address

Phone Number

Commonwealth of Massachusetts Suffolk County

Then personally appeared the above named:

And made oath that the above statement by him/her is true:

Before me: _____ Date: _____

My Commission expires on: _____ Notary: _____