



**CITY OF BOSTON
FIRE DEPARTMENT**

Permit to Install and Maintain A Fire Fighter Communication System



Installation Address	Address: _____		Floors Above Grade ____ Below Grade ____	Permit Type	
	Name of Bldg (if applicable): _____			<input type="checkbox"/> New Installation	
	Zip Code: _____			<input type="checkbox"/> Modification of existing system	
Property Owner	Name: _____		Phone: _____		
	Address: _____		Email: _____		
Applicant	I certify that the property owner understands and will comply with the current Boston Fire Department Fire Fighter Communication System Specification. If a conflict should result with any of these specifications it will be my responsibility to resolve it.				
	The property owner has also acknowledged that upon final system acceptance, permission will be granted to operate a bi-directional amplifier on frequencies licensed to the Boston Fire Department, by the Federal Communications Commission (FCC) and that failure to maintain compliance with the Boston Fire Department Fire Fighter Communication System specifications will result in the withdrawal of this permission. <i>(If a 5-year waiver is being requested, the property owner must complete this section)</i>				
	Company Name: _____				
	Email: _____ Phone _____ Fax _____				
Description of Work:	Name _____ Signature _____ Date: _____			Distributed Antenna System <input type="checkbox"/> Shared (IM study required with permit) <input type="checkbox"/> Not Shared	
	<i>(Print)</i> <i>(Sign)</i>				
Radio System Installer	Name: _____		Electrician's License # _____		
	Address: _____				
	Email: _____ Phone _____ Fax _____				
Radio Service Provider	Company: _____		FCC License # _____		
	Address: _____				
	Email: _____ Phone _____ Fax _____				
	Name _____ Signature _____ Date: _____				

For office use only

Permit Number : _____

Fire Fighter Communication System Specification Version: _____

Signature of Official Granting Permit: _____