

FIRE ESCAPE AND FIRE BALCONY AFFIDAVIT

Date: Filing Fee: \$50.0		e: \$50.00 Per Structure		
To: Inspectional Services Department	Commissioner			
I certify that I have inspected the (plea		:		
Located at: (Check One) Side Fron	t or Rear of			
Building Location:		W	'ard	
Property Owner:	Phone #:	E	mail:	
Owner's Address:				
City:State:2	Zip:			
To the best of my knowledge, informa provisions of the Massachusetts State Certification is required every five (5) y Licensed Fire Escape Installer or other	Building Code, Chapter rears by a Massachusetts	1001.3.2 s Registered Profes	sional Engineer,	
Register Professional	R	Register Number		
Licensed Fire Escape Installer (Or Other Approved by Building Offici	License Number and Type Official)			
Address Commonwealth of Massachusetts S Then personally appeared the above r	uffolk County	Number		
And made oath that the above statement by him/her is true:			Architectural	
Before me:	_ Date:		Or Engineer Stamp Here	
My Commission expires on:	Notary:			