



CITY OF BOSTON FIRE DEPARTMENT

Permit to Install and Maintain a Signal Booster



Installation Address: _____ Zip: _____ Name of Bldg (if applicable): _____	<input type="checkbox"/> New Installation <input type="checkbox"/> Modification of existing system <input type="checkbox"/> 5-Year Waiver (survey required with permit application)
Property Owner Name: _____ Address: _____	Floors Above Grade ____ Below Grade ____
Property Manager Name: _____ Phone: _____ <small style="margin-left: 100px;"><i>Property owner or agent</i></small> Signature: _____ Email: _____ <small style="margin-left: 100px;"><i>Note: Not to be signed by contractors</i></small>	
Description of Work:	
Radio System Installer	Name: _____ Electrician's License # _____ Address: _____ Email: _____ Phone _____ Fax _____
<p>I certify that the property owner understands and has agreed to comply with the current Boston Fire Department Signal Booster Specification. If a conflict should result with any of these specifications it will be my responsibility to resolve it.</p> <p>The property owner has also acknowledged that upon final system acceptance, permission will be granted to operate a signal booster 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 Signal Booster specifications will result in the withdrawal of this permission.</p>	
Radio Service Provider _____ Address _____ Name _____ FCC License # _____ Signature _____ Phone _____ Email: _____ Fax _____ Date: _____	

For office use only

BFD Permit Number : _____

FCC Signal Booster Registration # SB _____

Issued by: _____

Signal Booster Specification Version: _____