



The Commonwealth of Massachusetts
City of Waltham



Application for Standard Permit

FP-006
(Rev. 1.1.2015)

Return completed application to: 175 Lexington St., Waltham MA 02452

Permit Number: FS

City or Town: WALTHAM

Date: _____

D.E.P. SITE / ID NUMBER

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section 10A application is hereby made

by _____
(Full Name of Person, Firm or Corporation) (Phone Number)

of _____
(Address: Street or P.O. Box, City or Town, Zip Code)

for permission to (state clearly purpose for which permit is requested) STORE AND USE THE FOLLOWING

FLAMMABLE LIQUID / GAS/ SOLID IN CONFORMANCE WITH 527 CMR1.0; see attached list

Name of Competent Operator (if applicable) _____ Cert. No. _____

Signature of Applicant _____

Date Issued-rejected _____ Date of expiration _____ Amount Paid \$ _____



The Commonwealth of Massachusetts
City of Waltham



PERMIT

FP-006
(Rev. 1.1.2015)

City or Town: WALTHAM

Date: _____

Permit Number: FS

D.E.P SITE / ID NUMBER

In accordance with the provisions of M.G.L. Chapter 148, as provided in 10A this permit is granted

to _____
(Full Name of Person, Firm or Corporation)

for STORE & USE THE FOLLOWING FLAMMABLE LIQUID / GAS/ SOLID - see attached list

Restrictions: IN CONFORMANCE WITH 527 CMR 1.0

at _____
(Street and # or Describe Location for Adequate Identification)

Fee Paid \$ \$30 This permit will expire on _____

Signature of Official Granting Permit: _____ Title _____

This permit must be conspicuously posted upon the premises

PERMIT TO STORE FLAMMABLE LIQUIDS/ GAS/ SOLIDS

A Fuel Storage LICENSE from the City of Waltham IS REQUIRED
if Flammable items being stored are greater than 2 gallons.

*** ALL DOCUMENTS SUBMITTED MUST BE SINGLE-SIDED AND UN-STAPLED ***

Flammable Materials Storage, Large Tank Storage or Gas Stations

1. Completed Permit Application (Top & Bottom)
2. Fee \$30. (Cash, online payment* or check payable to City of Waltham)
3. A list of items and their quantities being stored, sorted by class.
(UNLESS IT FITS ON THE PERMIT)
4. Copy of most recent Sprinkler System Inspection/Test report
5. Copy of most recent Fire Alarm and/or Suppression Inspection/Test report
6. Copy of most recent Tank Test report. (for gas stations and large tanks)
7. A letter from the building owner giving permission to store flammable materials on their property (if not owned by applicant). Must be recent.
8. Completed Tank information & Contact Sheet - for large tanks.
INCLUDE - D.E.P. ID / SITE # (if available)
9. Completed L.E.P.C. 24-hour Contact information page
10. Site map indicating locations of stored items

* ONLINE PAYMENT = City of Waltham Fire Department /Prevention website - Permits Fees and Downloads
(<https://www.city.waltham.ma.us/fire-department/pages/permits-fees-downloads>)

Above the list of permits you will see -

*** **ATTENTION** *** FIRE PREVENTION APPLICATION FEES CAN NOW BE **PAID ONLINE**

Click on "PAID ONLINE". Select the permit type (PERMIT -FLAMMABLE STORAGE).

Follow instructions to pay. Print receipt and include with your package.

PLEASE COMPLETE, THEN SEND OR BRING ALL ITEMS AT ONCE TO;

**WALTHAM FIRE PREVENTION
175 LEXINGTON STREET
WALTHAM, MA 02452**

CITY OF WALTHAM

FLAMMABLE STORAGE PERMIT – TANK INFORMATION

(PLEASE PRINT CLEARLY)

ADDRESS OF FACILITY _____

D.E.P. SITE /ID NUMBER _____

Owner of Facility _____

Owner's Home Address _____

24 Hour Telephone For **Owner** _____

Operator of Facility _____

Operator's Home Address _____

24 Hour Telephone For *Operator* _____

TANK INFORMATION

	TANK #	TANK #	TANK #	TANK #	TANK #
ABOVEGROUND					
UNDERGROUND					
TANK LOCATION					
FUEL TYPE					
SIZE					
INSTALL DATE					

L.E.P.C. - 24-hour Contact List
for use by **Waltham Fire Dept.** during Emergencies

1. BUSINESS NAME: _____
2. LOCATION OF FACILITY: _____
3. TYPE OF BUSINESS (check all that apply):
Office ☐ Laboratory ☐ Manufacturing ☐ Other _____
4. EMERGENCY CONTACT(s): _____
5. Is there a 24 / 7 Emergency phone number for this Facility? YES ☐ NO ☐
6. If "YES", what is it? _____
7. Who staffs it (i.e. Security, Safety, Facilities, etc...)? _____
8. If "NO", how is "off-hour" coverage maintained? _____
9. Additional Individual Emergency Contacts:
 - 1) Job Title: _____ Last Name: _____ First Name: _____
Office Phone: _____ Home phone: _____
Other (cell) phone: _____ Email address: _____
 - 2) Job Title: _____ Last Name: _____ First Name: _____
Office Phone: _____ Home phone: _____
Other (cell) phone: _____ Email address: _____
 - 3) Job Title: _____ Last Name: _____ First Name: _____
Office Phone: _____ Home phone: _____
Other (cell) phone: _____ Email address: _____
10. Primary Emergency Back-up Contractor: _____

This form was completed by: _____
Print Name, Job title

Signature Date: _____