

CITY OF CAMBRIDGE
INSPECTIONAL SERVICES DEPARTMENT
831 MASSACHUSETTS AVENUE
CAMBRIDGE, MA 02139
617 - 349-6100

Peter McLaughlin, Commissioner

FIRE ESCAPE AND FIRE BALCONY AFFADAVIT

Date: _____ Filing Fee \$ 100.00 per Structure

To: Commissioner of Inspectional Services Department

I certify that I have inspected the (Please circle the following): **Fire Escape, Exterior, Exterior Bridge, Egress Connecting Balconies or Wooden Stairways** located at (choose one): **Side, Front or Rear of Building.**

Located at _____

Property Owner _____

Owner Address _____ City _____ State _____ Zip _____

To the best of my knowledge, information and belief, this egress component is in conformity with the provisions of the Massachusetts State Building Code, 780 CMR 1001.3.2

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

Registered Professional Engineer Registration Number

Licensed Fire Escape Installer License # and Type
(or other approved by Building Official)

Address Phone Number

Commonwealth of Massachusetts, Middlesex 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 Public _____