

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

Peter McLaughlin, Commissioner

**FIRE ESCAPE AND FIRE BALCONY AFFIDAVIT**

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 \_\_\_\_\_