



**City of Woburn  
Fire Department**

Tel: 781-897-1380 Fax: 781-897-1386  
124 Main St.  
Woburn, MA 01801

<b>For WFD Internal Use Only:</b>	
<b>Base Fee: \$25.00</b>	
Payment Date:	_____
Check #	_____
Permit #	_____

**APPLICATION FOR CUTTING/WELDING AND OTHER HOTWORK**

Completed Permit should be (circle): Mailed E-Mailed Picked-Up

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
(6 month maximum)

Job Location: \_\_\_\_\_

Building Owner's Name: \_\_\_\_\_

Building Owner's Address: \_\_\_\_\_

(number) (street)

Phone: \_\_\_\_\_

(city) (state) (zip code)

Contractor's Name: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

(number) (street)

Phone: \_\_\_\_\_

(city) (state) (zip code)

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Complete Scope/Description of Work Required: \_\_\_\_\_

State Floors and/or Areas Involved: \_\_\_\_\_

*\*additional \$40.00 fee for the following:*

Acetylene: Tanks _____ @ c.f. _____ = _____	Mapp Gas: Tanks _____ @ c.f. _____ = _____
Acetylene: (B) Tanks _____ @ c.f. _____ = _____	Oxygen: Tanks _____ @ c.f. _____ = _____
Argon: Tanks _____ @ c.f. _____ = _____	Propylene: Tanks _____ @ c.f. _____ = _____
CO2: Tanks _____ @ c.f. _____ = _____	

<b>WFD ONLY</b>
Flammable Permit # _____

# of Mig/Tigs: \_\_\_\_\_ # of Torches: \_\_\_\_\_ # of Welders: \_\_\_\_\_

Other Type of Hot Work (specify): \_\_\_\_\_

Applicant's Name (Print): \_\_\_\_\_

Applicant's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Fire Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*PLEASE NOTE:** You must obtain a **release letter from the owner or management company** stating the dates and floors you will be working on in accordance with 527 CMR 1.00 c. 41. Also include all **Hot Work Safety Certificates**.