Town of Reading
16 Lowell Street
Reading, MA 01867

PUBLIC SERVICES DEPARTMENT
Building Division
Mon - Wed - Thu 7:00 AM – 5:30 PM
Tues 7:00 AM – 7:00 PM ~ Fri Closed
Phone 781-942-6613 ~ Fax 781-942-9071
www.readingma.gov

FIRE ESCAPE AND FIRE BALCONY AFFIDAVIT

Date:_____

To: Building Commissioner

I certify that I have inspected the (please circle one of the following):

Fire Escape Exterior Bridge Egress Connecting Balconies Wooden Stairways

Located at: (circle one): Side Front or Rear of:

Building located at: _____

Property Owner:_____ *Phone #:_____

*Owner's Address:_____ *Email:_____

City:_____ State:_____ Zip:_____

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

Certification is required every 5 years by a Massachusetts Registered Professional Engineer, Licensed Fire Escape Installer or other qualified individual acceptable to the *Building Official*.
(**Must provide copy of license(s):**

_____ _____
Registered Professional Engineer Registration Number

_____ _____
Licensed Fire Escape Installer (or other Approved by *Building Official*) License Number and Type (**MUST PROVIDE COPY OF LICENSE**)

_____ _____ _____
Address *Phone Number *Email

Commonwealth of Massachusetts, Middlesex County

Architectural or Engineer Stamp Here

Then personal appeared the above named:

_____
And made oath that the above statement by him/her is true
Before me:_____ Date:_____

My commission expires on:_____ Notary:_____
*email and phone numbers must be provided