

BOSTON

FIRE COMMISSIONER/CHIEF OF DEPARTMENT
JOSEPH FINN

FIRE MARSHAL
DEPUTY FIRE CHIEF JOHN DEMPSEY

APPLICATION FOR INSTALLATION OF UPHOLSTERED SEATING

**BASED ON PRODUCT FIRE TEST DATA
{COMPLETE IN INK ONLY}**

BFD CERT NO.:
(for office use only)

DATE: _____

SUBMITTER: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: (____) _____ FAX NO.: (____) _____

STREET ADDRESS OF PROPOSED INSTALLATION: _____

NAME OF PROPERTY: _____

SPECIFIC LOCATION WITHIN PROPERTY: _____

FURNITURE CONSTRUCTION:

MANUFACTURER: _____

UPHOLSTERY PADDING: _____ BARRIER: _____

(MANUFACTURER, PRODUCT, I.D.)

MODEL NO. (TYPE, QUANTITY)

(Sofa, chairs, etc.)

COVER FABRIC (Manufacturer, Pattern, Color) **FIBER CONTENT:**

1. _____

2. _____

3. _____

IS COVER FABRIC COM? (Customer's own Material) YES NO

IS COVER FABRIC LAMINATED WITH A BARRIER PRODUCT? YES NO

IS COVER FABRIC TREATED WITH FLAME-RETARDANTS? YES NO



LABEL IS REQUIRED (As described in 527CMR 29) TO BE AFFIXED TO EACH CHAIR.

PROVIDE (Attach) CAL TB-133 FIRE TEST REPORT (PRODUCT TEST) TO DEMONSTRATE COMPLIANCE.

OTHER INFORMATION: _____

SIGNATURE OF APPLICANT: _____

***ENC.:** SIGN APPLICATION AND MAIL/FEE \$25.00 PER COVER FABRIC, CHECK PAYABLE TO THE CITY OF BOSTON. FAILURE TO SUPPLY COMPLETE INFORMATION AND FEE (S), CAN RESULT IN DELAYS IN EVALUATIONS. APPLICATION MUST BE FILLED OUT TO ITS' ENTIRETY. **PERMITS WILL BE MAILED TO SUBMITTER.**