



Boston Fire Department
 Fire Prevention Division
 1010 Massachusetts Avenue – 4th Floor
 Boston, MA 02118
 Tel: 617-343-3527 Fax: 617-343-3604

BFD CERT NO.:
 (for office use only)

APPLICATION FOR INSTALLATION OF UPHOLSTERED SEATING
BASED ON TB117-2013
{COMPLETE IN INK ONLY}

DATE: _____
 SUBMITTER: _____
 COMPANY NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 TELE. NO.: (____) _____ E-MAIL: _____
 STREET ADDRESS OF INSTALLATION: _____
 NAME OF PROPERTY: _____
 SPECIFIC LOCATION WITHIN PROPERTY: _____

FULL SPRINKLER SYSTEM:

FURNITURE CONSTRUCTION:

MANUFACTURER: _____ UPHOLSTERY PADDING: 1. _____
 *LAYERS: 2. _____ 3. _____ 4. _____
 (list) 5. _____ 6. _____ 7. _____

MANUFACTURER, PRODUCT, I.D.
 MODEL NO. (TYPE, QUANTITY)

COVER FABRIC (Manufacturer, Pattern, Color)

1. _____



PROVIDE (Attach) CAL TB117-2013 FIRE TEST REPORT FOR ALL *LAYERs OF COMPONENTS TO DEMONSTRATE COMPLIANCE. Report must be specifically TB117-2013 test.

LABEL IS REQUIRED As described in TB117-2013 Standard

OTHER INFORMATION: _____

SIGNATURE OF APPLICANT: _____

SIGN APPLICATION AND MAIL/FEE \$25.00 PER COVER FABRIC, CHECK PAYABLE TO THE CITY OF BOSTON. FAILURE TO SUPPLY COMPLETE INFORMATION AND FEE WILL RESULT IN DELAYS IN EVALUATIONS, AND REJECTION. APPLICATION MUST BE COMPLETED. PERMITS WILL BE E-MAILED TO SUBMITTER.