



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

BFD CERT. NO.:  
(FOR OFFICE USE ONLY)

**APPLICATION FOR INSTALLATION OF INTERIOR FINISH  
WALLCOVERING AND CEILING TILES**  
*{COMPLETE IN INK ONLY}*

DATE: \_\_\_\_\_

SUBMITTER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO.:(\_\_\_\_\_) \_\_\_\_\_ FAX NO.: (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

STREET ADDRESS OF PROPOSED INSTALLATION: \_\_\_\_\_

NAME OF PROPERTY: \_\_\_\_\_

SPECIFIC LOCATION WITHIN PROPERTY: \_\_\_\_\_

AUTOMATIC SYSTEM: \_\_\_\_\_

***IDENTIFICATION OF MANUFACTURER AND PRODUCT*** (Pattern No., Style):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

RESULTS OF **ASTM E84** = \_\_\_\_\_ **FLAME SPREAD**= \_\_\_\_\_ **SMOKE DEVELOPED**= \_\_\_\_\_  
(Attach **ASTM E84 Tunnel Test REPORT**)

NAME OF TESTING LABORATORY: \_\_\_\_\_

DATE TEST PERFORMED: \_\_\_\_\_

**OTHER INFORMATION:** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**ENC:** SIGN APPLICATION & ATTACH COPY OF **ASTM E84 FIRE TEST REPORT**, FOR THE PROPOSED PRODUCT TO BE USED AND CHECK PAYABLE TO THE CITY OF BOSTON FOR \$20.00 PER ITEM. APPROVED PERMITS WILL BE MAILED TO SUBMITTER.