



**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 PANEL SYSTEM
TYPE OR PRINT INFORMATION REQUESTED IN INK ONLY.

DATE: _____ BFD CERT.NO.: _____

SUBMITTER: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

TELEPHONE NO.: _____ FAX # _____

EMAIL ADDRESS: _____

STREET ADDRESS OF PROPOSED INSTALLATION: _____

NAME OF PROPERTY: _____

SPECIFIC LOCATION WITHIN PROPERTY: _____

PANEL SYSTEM MFG/NAME: _____

SPRINKLER SYSTEM? _____

SUBSTRATE: METAL FIBERGLASS TACK - BOARD

OTHER: _____

FLAME SPREAD (ORIGINAL PANEL): _____

METHOD OF FABRIC ATTACHMENT: STRETCHED, PHYSICAL ATTACHMENT GLUED

IS PANEL SYSTEM: REFURBISHMENT, EXISTING PANEL SYSTEM TO BE RECOVERED

NEW PANEL SYSTEM

WILL FIBERFILL BE USED?: NO YES: _____

BARRIER /INTERLINER PRODUCT (IF USING FIBERFILL): _____

IDENTIFICATION OF COVER FABRIC:
MANUFACTURER, PATTERN NO., COLOR

FIBER CONTENT:

1. _____

2. _____

ADDITIONAL INFORMATION: _____

***ENC:** COMPLETE APPLICATION AND ATTACH **ASTM E84 FIRE TEST REPORT.** PLEASE SIGN APPLICATION AND MAKE CHECKS PAYABLE TO THE CITY OF BOSTON FOR \$20.00/ITEM. APPROVED PERMITS WIL BE MAILED TO SUBMITTER.

SIGNATURE OF APPLICANT: _____