

BOSTON

FIRE COMMISSIONER
RODERICK J. FRASER, JR.

FIRE MARSHAL
DEPUTY FIRE CHIEF PETER A. LAIZZA

APPLICATION FOR INSTALLATION OF FLOORCOVERING

{COMPLETE IN INK ONLY}

DATE: _____

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

SUBMITTER: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

STREET ADDRESS OF PROPOSED INSTALLATION: _____

NAME OF PROPERTY: _____

SPECIFIC LOCATION WITHIN PROPERTY: _____

★ **SPRINKLER SYSTEM INSTALLED:** _____

IDENTIFICATION OF CARPET MILL AND PRODUCT: (Itemize (1), (2), etc.)

1. _____
2. _____
3. _____

WRITE RESULTS OF **ASTM E 648**: CRF= _____ WATTS/CM2 _____

TEST ASSEMBLY: (Check One) ☐ CARPET/ACB ☐ CARPET/UNDERLAYMENT
(on top of concrete) (on top of padding)

IDENTIFICATION OF UNDERLAYMENT: _____

NAME OF TESTING LABORATORY: _____

DATE TEST PERFORMED: _____

NOTE: APPROVALS FOR USE OVER UNDERLAYMENT WILL ONLY BE GRANTED FOR FLOORCOVERING, TESTED OVER 56 OZ./YD2 HAIR/JUTE PAD OR THE ACTUAL PROPOSED PADDING, AS A SYSTEM. BFD PROHIBITS THE USE OF CARPET ON WALLS/CEILING/SEATING PRODUCTS/OR AS DECORATIVE MATERIAL.

SIGNATURE OF APPLICANT: _____

***ENC:** SIGN APPLICATION/ATTACH COPY OF THE **ASTM E 648 FIRE TEST REPORT** TO THE APPLICATION AND **FEE OF \$14.00 PER STYLE/MATERIAL**. MAKE CHECK PAYABLE TO THE CITY OF BOSTON. APPROVED PERMITS WILL BE MAILED TO SUBMITTER.

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