

BOSTON

FIRE COMMISSIONER
RODERICK J. FRASER, JR.

FIRE MARSHAL
DEPUTY FIRE CHIEF PETER A. LAIZZA

APPLICATION FOR INSTALLATION OF MOLDED SEATING BASED ON PRODUCT FIRE TEST DATA COMPLETE IN INK ONLY.

DATE: _____

BFD CERT NO.:
(for office use only)

SUBMITTER: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: () _____

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. _____

ARE COVER FABRICS COM? YES NO

IS COVER FABRIC LAMINATED WITH A BARRIER PRODUCT? YES NO

IS COVER FABRIC TREATED WITH FLAME-RETARDANTS? YES NO

LABEL REQUIRED BY CAL. T.B. 133 TO BE AFFIXED TO EACH CHAIR.

MANUFACTURER UPON REQUEST WILL PROVIDE FIRE TEST REPORT TO DEMONSTRATE COMPLIANCE.

OTHER INFORMATION: _____

SIGNATURE OF APPLICANT: _____

ENC: SIGN APPLICATION AND MAIL/FEE \$14.00 PER COVER, CHECK PAYABLE TO THE CITY OF BOSTON. FAILURE TO SUPPLY COMPLETE INFORMATION AND FEE (S) CAN RESULT IN DELAYS IN EVALUATIONS. APPROVED PERMITS WILL BE MAILED TO SUBMITTER.