

BOSTON

FIRE COMMISSIONER
RODERICK J. FRASER, JR.

FIRE MARSHAL
DEPUTY FIRE CHIEF PETER A. LAIZZA

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 # _____

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, ATTACH **ASTM E84 FIRE TEST REPORT**. A FEE OF **\$14.00 PER STYLE/MATERIAL** APPLIES. PLEASE SIGN APPLICATION AND MAKE CHECKS PAYABLE TO THE CITY OF BOSTON . 5/29/97 APPROVED PERMITS WIL BE MAILED TO SUBMITTER.

SIGNATURE OF APPLICANT: _____

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