

BOSTON

FIRE COMMISSIONER
RODERICK J. FRASER, JR.

FIRE MARSHAL
DEPUTY CHIEF PETER A. LAIZZA

APPLICATION FOR INSTALLATION OF REUPHOLSTERED FURNITURE

{COMPLETE IN INK ONLY}

DATE: _____

BFD CERT.NO.:
(for office use only)

SUBMITTER: _____

REUPHOLSTERING CO.: _____

COMPANY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CITY/STATE/ZIP: _____

TEL: _____

TEL: _____

ADDRESS OF PROPOSED INSTALLATION: _____

NAME OF PROPERTY: _____

SPECIFIC LOCATION: _____

FURNITURE TYPE
(Chairs, Sofas, Etc.)

QUANTITY

**TEXTILE COVER FABRIC(Manufacturer, Pattern, Color
FIBER CONTENT OF COVER FABRIC**

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

IS COVER FABRIC LAMINATED WITH A BARRIER? NO YES : _____
(Identify Barrier Product)

UPHOLSTERY FOAM: EXISTING CAL.117 OTHER: _____

IDENTIFICATION OF BARRIER/INTERLINER: _____

WILL POLYESTER OR OTHER FIBERFILL BE USED?: NO YES: _____
(Identify fiberfill)

NOTE: IF USING FIBERFILL, ALL FIBERFILL TO BE COMPLETELY ENCASED WITH A BARRIER/INTERLINER PRODUCT. YOU MUST SUBMIT 2 INCH BY 2 INCH SAMPLE OF TEXTILE COVER FABRIC/WITH DESCRIPTION OF FABRIC, FIBER CONTENT FROM THE MANUFACTURER. POLYOLEFIN & HEAVY NYLON FABRICS MUST BE LAMINATED WITH A BARRIER PRODUCT AND A 12" X 12" SAMPLE SENT IN FOR TESTING/EVALUATION. APPLICATION FORMS MUST BE SUBMITTED AND A PERMIT OBTAINED PRIOR TO INSTALLATION OF THE SEATING PRODUCT.

SIGNATURE OF APPLICANT: _____

ENC: SAMPLE OF EACH MATERIAL. SUBMIT CHECK PAYABLE TO THE BOSTON FIRE DEPARTMENT; **FEE, \$14.00 PER** COVER FABRIC. FAILURE TO SUPPLY COMPLETE INFORMATION AND ADEQUATE SAMPLE CAN RESULT IN DELAYS IN EVALUATIONS. 5/29/97 PERMITS WILL BE MAILED TO THE SUBMITTER.

FIRE DEPARTMENT/CHEMIST OFFICE/1010 MASS AVE 4TH FL.REET/BOSTON, /MA/ 02118
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