

# BOSTON

FIRE COMMISSIONER/CHIEF OF DEPARTMENT  
JOSEPH E. FINN

FIRE MARSHAL  
DEPUTY FIRE CHIEF JOHN DEMPSEY

BFD CERT NO.:  
(office use only)

## APPLICATION FOR INSTALLATION OF UPHOLSTERED SEATING

BASED ON TB117-2013  
{COMPLETE IN INK ONLY}

DATE: \_\_\_\_\_

SUBMITTER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELE. NO.: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

STREET ADDRESS OF INSTALLATION: \_\_\_\_\_

NAME OF PROPERTY: \_\_\_\_\_

SPECIFIC LOCATION WITHIN PROPERTY: \_\_\_\_\_

FULL SPRINKLER SYSTEM:

### FURNITURE CONSTRUCTION:

MANUFACTURER: \_\_\_\_\_ UPHOLSTERY PADDING: 1. \_\_\_\_\_

\*LAYERS: 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

(list) 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_

### MANUFACTURER, PRODUCT, I.D.

MODEL NO. (TYPE, QUANTITY)

COVER FABRIC (Manufacturer, Pattern, Color)

1. \_\_\_\_\_



PROVIDE (Attach) CAL TB117-2013 FIRE TEST REPORT FOR ALL \*LAYERS OF COMPONENTS TO DEMONSTRATE COMPLIANCE. Report must be specifically TB117-2013 test.

OTHER INFORMATION: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

SIGN APPLICATION AND MAIL/FEE \$20.00 PER COVER FABRIC, CHECK PAYABLE TO THE CITY OF BOSTON. FAILURE TO SUPPLY COMPLETE INFORMATION AND FEE WILL RESULT IN DELAYS IN EVALUATIONS, AND REJECTION. APPLICATION MUST BE COMPLETED. PERMITS WILL BE E-MAILED TO SUBMITTER.