



**Boston Fire Department
Fire Prevention Division
1010 Massachusetts Avenue – 4th Floor
Boston, MA 02118
Tel: 617-343-3527 Fax: 617-343-3604**

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

**APPLICATION FOR INSTALLATION OF INTERIOR FINISH
WALLCOVERING AND CEILING TILES**
{COMPLETE IN INK ONLY}

DATE: _____

SUBMITTER: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

EMAIL ADDRESS: _____

STREET ADDRESS OF PROPOSED INSTALLATION: _____

NAME OF PROPERTY: _____

SPECIFIC LOCATION WITHIN PROPERTY: _____

AUTOMATIC SYSTEM: _____

IDENTIFICATION OF MANUFACTURER AND PRODUCT (Pattern No., Style):

1. _____

2. _____

3. _____

RESULTS OF **ASTM E84** = _____ **FLAME SPREAD**= _____ **SMOKE DEVELOPED**= _____
(Attach **ASTM E84 Tunnel Test REPORT**)

NAME OF TESTING LABORATORY: _____

DATE TEST PERFORMED: _____

OTHER INFORMATION: _____

SIGNATURE OF APPLICANT: _____

ENC: SIGN APPLICATION & ATTACH COPY OF **ASTM E84 FIRE TEST REPORT**, FOR THE PROPOSED PRODUCT TO BE USED AND CHECK PAYABLE TO THE CITY OF BOSTON FOR \$25.00 PER ITEM. APPROVED PERMITS WILL BE MAILED TO SUBMITTER.