

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.

LABEL IS REQUIRED As described in TB117-2013 Standard

OTHER INFORMATION: _____

SIGNATURE OF APPLICANT: _____

SIGN APPLICATION AND MAIL/FEE \$25.00 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.