



**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 REUPHOLSTERED FURNITURE
{COMPLETE IN INK ONLY}

DATE: _____

SUBMITTER: _____	REUPHOLSTERING CO.: _____
COMPANY NAME: _____	CONTACT PERSON: _____
ADDRESS: _____	ADDRESS: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____
TEL: _____	TEL: _____
FAX: _____	FAX: _____

SUBMITTER EMAIL ADDRESS: _____

ADDRESS OF PROPOSED INSTALLATION: _____

NAME OF PROPERTY: _____ SPECIFIC LOCATION: _____

<u>FURNITURE INFORMATION</u> (Chairs, Sofas, Etc. include original manufacturer)	QUANTITY	<u>TEXTILE COVER FABRIC(Manufacturer, Pattern, Color</u> <u>FIBER CONTENT OF COVER FABRIC</u>
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 SUBMITT 2 INCH BY 2 INCH SAMPLE OF TEXTILE COVER FABRIC AND INTERLINER /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: _____

ENCLOSE A SAMPLE OF EACH MATERIAL AND A CHECK PAYABLE TO THE CITY OF BOSTON FOR \$25.00/ITEM. FAILURE TO SUPPLY COMPLETE INFORMATION AND ADEQUATE SAMPLE CAN RESULT IN DELAYS IN EVALUATIONS. PERMITS WILL BE MAILED TO THE SUBMITTER.