



Boston Fire Department
Fire Prevention Division
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Boston, MA 02118
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BFD CERT. NO.:
(FOR OFFICE USE ONLY)

APPLICATION FOR INSTALLATION OF FLOORCOVERING
{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: _____

SPRINKLER SYSTEM INSTALLED: _____

IDENTIFICATION OF CARPET MILL AND PRODUCT: (Itemize (1), (2), etc.)

1. _____
2. _____
3. _____

WRITE RESULTS OF **ASTM E 648**: CRF= _____ WATTS/CM²

ASSEMBLY: (Check One) CARPET/ACB CARPET/UNDERLAYMENT
(on top of concrete) (on top of padding)

IDENTIFICATION OF UNDERLAYMENT: _____

NAME OF TESTING LABORATORY: _____

DATE TEST PERFORMED: _____

NOTE: APPROVALS FOR USE OVER UNDERLAYMENT WILL ONLY BE GRANTED FOR FLOORCOVERING, TESTED OVER 56 OZ./YD² HAIR/JUTE PAD OR THE ACTUAL PROPOSED PADDING, AS A SYSTEM. BFD PROHIBITS THE USE OF CARPET ON WALLS/CEILING/SEATING PRODUCTS/OR AS DECORATIVE MATERIAL.

SIGNATURE OF APPLICANT: _____

***ENC:** SIGN APPLICATION/ATTACH COPY OF THE **ASTM E 648 FIRE TEST REPORT** TO THE APPLICATION AND **CHECK** PAYABLE TO THE CITY OF BOSTON FOR \$25.00 FOR EACH ITEM. APPROVED PERMITS WILL BE MAILED TO SUBMITTER.