



Fire Protection Permit Application

Permits Licence and Inspection Services

All Buildings

20338 65 Ave., Langley B.C. V2Y 3J1

Phone 604-533-6018

Building Permit No.: _____ Date: _____

Project Address: _____ Unit #: _____

Building Use: _____

Owner: _____

Address: _____ Postal Code: _____

Phone #: _____ Fax: _____ Cel. #: _____

Contractor: _____

Address: _____ Postal Code: _____

Phone #: _____ Fax: _____ Cel. #: _____

TQ Holder's Name: _____ TQ Number: _____

Langley Business Licence: _____

Use: Commercial Industrial Institutional Multi-family Residential

Building: New Addition Existing/ Alteration

Sprinkler System: Wet Pipe Dry Pipe Pre-action Deluge Special Type
 Halon Combined

System Design: Hydraulic Pipe

Occupancy Hazard: Light Ordinary #1 Ordinary #2
 Hazard Group 1 Hazard Group 2 Extra Hazard Rack Storage

Application to Install: # _____ Sprinklers (New) # _____ Sprinklers (Relocate)

- Siamese Connection Hose Outlets
- Hydrants (Inside) Header Standpipes
- Wet/Dry Outlets Piping Hose Cabinets
 (Above Ground) Fire Pump Tester (electric or diesel)

Commodity Class: Class 1 Class 2 Class 3 Class 4

Plastics: Group A Group B Group C

I herby confirm that the information supplied for the Fire Protection Permit Application and Check List in support of this application is complete, true and correct, in conformance with the applicable Township of Langley Bylaws and Provincial Regulations.

Applicant's Name: _____ Applicant's Signature: _____

(Please Print)

Note: The personal information on this form is collected under the authority of the Local Government Act. The information will be used for the purpose of an operating program of the Municipality. If you have any questions about the collection and use of this information, contact the Information and Privacy Coordinator at 604-533-6004.



Corporation of the Township of Langley Fire Department

Owner's Information Certificate

Date: _____
Year Month Day

Building Permit Number: _____

Name/Address of property to be protected with sprinkler protection:

Name of Owner: _____

Existing or planned construction is:

- Fire resistive or noncombustible
- Wood frame or ordinary (masonry walls with wood beams)
- Unknown
- BC.B.C. 3.2.2 _____ Building Rating _____

Is the system installation intended for one of the following special occupancies:

- | | | | |
|-------------------|--|---------------------------------|--|
| Aircraft Hangar | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fixed guide way transit system | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Race track stable | <input type="checkbox"/> Yes <input type="checkbox"/> No | Water cooling tower | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Airport terminal | <input type="checkbox"/> Yes <input type="checkbox"/> No | Marine terminal, pier, or wharf | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Power plant | <input type="checkbox"/> Yes <input type="checkbox"/> No | Aircraft engine test facility | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer to any of the above is "yes," the appropriate NFPA standard should be referenced for sprinkler density/area criteria.

Indicate whether any of the following special materials are intended to be present:

- | | | | |
|-------------------|--|---------------------------------------|--|
| Aerosol products | <input type="checkbox"/> Yes <input type="checkbox"/> No | Flammable or combustible liquids | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nitrate film | <input type="checkbox"/> Yes <input type="checkbox"/> No | Compressed or liquefied gas cylinders | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pyroxylin plastic | <input type="checkbox"/> Yes <input type="checkbox"/> No | Liquid or solid oxidizers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Idle pallets | <input type="checkbox"/> Yes <input type="checkbox"/> No | Organic peroxide formulations | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tire storage | <input type="checkbox"/> Yes <input type="checkbox"/> No | Paper storage (roll paper) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer to any of the above is "yes," describe type, location, arrangement, and intended maximum quantities.

Please see reverse.....

Indicate whether the protection is intended for one of the following specialized occupancies or areas:

- | | | | |
|--|--|---|--|
| Spray area or mixing room | <input type="checkbox"/> Yes <input type="checkbox"/> No | Oxygen-fuel gas system for welding or cutting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Solvent extraction | <input type="checkbox"/> Yes <input type="checkbox"/> No | Water cooling tower | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Acetylene cylinder charging | <input type="checkbox"/> Yes <input type="checkbox"/> No | Class A hyperbaric chamber | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Laboratory using chemicals | <input type="checkbox"/> Yes <input type="checkbox"/> No | Incinerator or waste handling system | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Commercial cooking operation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Industrial furnace | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cleanroom | <input type="checkbox"/> Yes <input type="checkbox"/> No | Linen handling system | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Production or use of compressed or liquefied gases | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer to any of the above is “yes,” describe type, location, arrangement, and intended maximum quantities.

Will there be any storage of products over 12 feet (3.6 m) in height? Yes No

If the answer is “yes,” describe product, intended storage arrangement, and height.

Will there be any storage of plastic, rubber, or similar products over 5 feet (1.5 m) high except as described above? Yes No

If the answer is “yes,” describe product, intended storage arrangement, and height.

I certify that I have knowledge of the intended use of the property and that the above information is correct.

Signature of owner’s representative or agent: _____

Date: _____

Name of owner’s representative or agent completing certificate (print): _____

Relationship and firm of agent (print): _____