FORM I
Application for Fire Sprinkler Permit

Information:

Civic Address of Property: _____

Name of Owner/ Authorized Agent: _____

Name of Contractor: _____

Contractor Phone:_____ Contractor Email:_____

Class of Work: ☐ New ☐ Alteration/ Renovation

Total Number of Sprinkler Heads: ☐

Declaration:
I HEREBY AGREE to indemnify and keep harmless the City of Fort St. John and its employees against all claims, liabilities, judgments, costs and expenses of whatsoever kind which may in any way occur against the said City and its employees in consequence of and incidental to, the granting of this permit, if issued, and I further agree to conform to all requirements of the building Bylaw and all other statutes and Bylaws in force in the City of Fort St. John.

Signature of Owner or Authorized Agent: _____

Printed name: _____ Date: _____

Two (2) copies of the plan of the proposed work and the Schedules required from the registered professional shall accompany this application.

For Office Use Only:

Present Legal Description: Lot Bk Plan	**Roll Number**	
# of Sprinkler Heads x $0.50 = $	**Sprinkler Permit Fee Total:** $50.00 + = $	
Fire Sprinkler Permit Approved by:	**Date Approved:**	**Permit No.:**