

**FORM I**  
**Declaration of On-Site Chemicals and Hazardous Materials**

Owner/Agent's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

To be submitted as part of the Building Permit process (for properties in C3, C4, C5, M1 and M2 zones) for review by the Fire Department. Approval in writing from the Fire Department will be required before the Building Permit is issued. A material safety data sheet (MSDS) must be attached for all products listed below.

The materials declared on this form must be properly **contained** in a manner acceptable to the Fire Department and must be in full compliance with **ALL** applicable legislation.

Product Name	Quantity	Hazardous Class (as per MSDS)

**Declaration:**

I HEREBY AGREE to make application for a Building Permit in accordance with the particulars as above stated and declare the information is true and correct and I undertake that if I am granted the permit applied for I will comply with each and every obligation contained in all laws and Bylaws now in force or which may come into force in the City of Fort St. John. I further understand that if this application involves the use of the premises for business purposes that they may not be occupied until they have been inspected by the Department concerned and a license has been issued. By signing this application, I agree to these terms.

Owner/ Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/ Agent Printed Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Civic Address of Property: \_\_\_\_\_

**For Office Use Only:**

<b>Fire Department Approval:</b> _____	
Signature	Printed Name
<b>Comments:</b> _____	<b>Date:</b> _____