

Sprinkler Application

Please Print Clearly



Application Date: _____ Zoning: _____

Select One: Commercial ____ Industrial ____ Institutional ____ Residential ____ Multi Family ____

Work Type: New: ____ Relocates ____ Other ____

Construction Address: _____

Legal Description: Lot: _____ Section: _____ Township: _____ Plan: _____

Applicant Name: _____

Contractor Name/Design Firm: _____

Abbotsford Business Licence No.: _____

Contact Name: _____

Contact Phone No.: _____ Contact Fax No.: _____

Architect/CRP: _____

Sprinkler Engineer: _____

No. of Heads: _____ **Manufacturer:** _____

Model: _____ **Assembly:** New ____ Replacement ____

Size: _____ (choose 1) Existing ____

Hazard Level: _____

Tenant (Name of Business) _____

Is this a new tenant? Yes No

What is the existing use? _____

What is the proposed use? _____

No. of Floors: _____ **Area of Ground Floor (sq. ft.):** _____

Area of Second Floor (sq.ft.): _____ **Area of ____ Floor (sq. ft.):** _____

Area of Mezzanine (sq.ft.): _____

Total Floor Area (sq.ft.): _____

Number of Drawings: _____ **Value of Construction: \$** _____

I hereby agree that all information, including personal information, contained on this document may be made available to the public. Personal information is collected under the authority of the Local Government Act and the City's bylaws for the purpose of processing this application and for administration and enforcement.

Applicant's Signature: _____ Print Name: _____

Phone: _____ Email: _____