

APPLICATIONS WILL BE ACCEPTED  
BETWEEN 8:30 AM – 4:00 PM.  
Incomplete applications will not be accepted.

# City of Abbotsford

## SPRINKLER PERMIT APPLICATION

Page 1 of 4

### PROPERTY INFORMATION

Civic Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Value of Construction: \$ \_\_\_\_\_ Number of Drawings per set: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### REGISTERED OWNER(S) of the property

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PRIMARY CONTACT INFORMATION \*If not the same as applicant

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### CONTRACTOR INFORMATION

*City of Abbotsford requires that all businesses have a valid City of Abbotsford or Intermunicipal Business Licence.*

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

City of Abbotsford Business Licence #: \_\_\_\_\_ Intermunicipal: \_\_\_\_\_

\_\_\_\_\_  
Trade Qualification Number

Architect (CRP): \_\_\_\_\_ Fire Suppression Engineer: \_\_\_\_\_

APPLICATIONS WILL BE ACCEPTED  
BETWEEN 8:30 AM – 4:00 PM.  
Incomplete applications will not be accepted.

# City of Abbotsford

## SPRINKLER PERMIT APPLICATION

Page 2 of 4

|                                     |                              |                                    |  |                                |
|-------------------------------------|------------------------------|------------------------------------|--|--------------------------------|
| <b>APPLICATION TYPE</b>             | <input type="checkbox"/> New | <input type="checkbox"/> Relocates | <input type="checkbox"/> Replacements  | <input type="checkbox"/> Other |
| <input type="checkbox"/> Commercial |                              |                                    | <input type="checkbox"/> Institutional |                                |
| <input type="checkbox"/> Industrial |                              |                                    | <input type="checkbox"/> Residential   |                                |

### **SCOPE OF WORK** *(To be completed by Sprinkler Contractor)*

Is this the first sprinkler system in the building? (Y/N) \_\_\_\_\_  
*(If yes, Professional Engineered design required)*

The total number of sprinkler zones in this building is \_\_\_\_\_

The number of these zones being added or modified is \_\_\_\_\_  
*(New zones will require Professional Engineered design, Fire Alarm Verification and Annunciator panel upgrade)*

Does the Hazard Level increase? (Y/N) \_\_\_\_\_  
*(If yes, Professional Engineered design required)*

Will "K" factor for any existing heads be altered? (Y/N) \_\_\_\_\_  
*(If yes, Professional Engineered design required)*

Does the building have any Alternative Solutions involving fire suppression?  
(Y/N) \_\_\_\_\_  
*(If yes, drawings must be reviewed and stamped accepted by Professional Engineer responsible for Alternative Solution design)*

### **SPECIFICATIONS** *To be completed by Sprinkler Contractor*

# OF NEW HEADS      \_\_\_ New      \_\_\_ Relocates      \_\_\_ Replacements      \_\_\_ Other

Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_

Model: \_\_\_\_\_ Hazard Level: \_\_\_\_\_

Tenant (Name of Business): \_\_\_\_\_

What is the proposed use / occupancy? \_\_\_\_\_

What is the existing use / occupancy? \_\_\_\_\_

APPLICATIONS WILL BE ACCEPTED  
BETWEEN 8:30 AM – 4:00 PM.  
Incomplete applications will not be accepted.

# City of Abbotsford

## SPRINKLER PERMIT APPLICATION

Page 3 of 4

### PERMIT SUBMISSION REQUIREMENTS:

For maximum 5 new heads and maximum 20 relocates

- 3 sets of drawings signed by the Certified Sprinkler Installer.
- All applicable fields on application form to be completed.
  - If permit is not associated with an active Tenant Improvement or New Building application, Owners Authorization form is required to be completed.

For greater than 5 new heads or 20 relocates

- 3 sets of drawings signed and sealed by Fire Suppression Engineer.
- Schedule B from Fire Suppression Engineer.
- All applicable fields on application form to be completed.
  - If permit is not associated with an active Tenant Improvement or New Building application, Owners Authorization form is required to be completed.

All New and relocated sprinklers shall be piped in accordance with the existing sprinkler pipe sizing schedule.

### DECLARATION

**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 Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Sprinkler Contractor's Name (Please Print)

\_\_\_\_\_  
Signature

APPLICATIONS WILL BE ACCEPTED  
BETWEEN 8:30 AM – 4:00 PM.  
Incomplete applications will not be accepted.

# City of Abbotsford

## SPRINKLER PERMIT APPLICATION

Page 4 of 4

### ACKNOWLEDGEMENT OF NOTICE OF COLLECTION OF PERSONAL INFORMATION

Personal information collected within this building permit and application file is collected for the purpose of processing this application and for administration and enforcement. The personal information is collected under the authority of the Local Government Act, the City's bylaws and Section 26 of the Freedom of Information and Protection of Privacy Act (the "Act"). Under the Act, personal information cannot be used or disclosed other than for the purpose for which it was collected, except with the consent of the individual whom the information is about or otherwise in accordance with law.

By initialing this application I hereby consent that all information, including my personal information, within this building permit and application file, may be made available to the public upon request.

**Initials of Applicant:** \_\_\_\_\_

If you have any questions about this collection and use of your personal information, contact the Information and Privacy Coordinator at 604-864-5575 or FOI@abbotsford.ca or mail to: City of Abbotsford, 32315 South Fraser Way, Abbotsford BC V2T 1W7

### CONSENT TO RELEASE PERSONAL INFORMATION

Pursuant to Section 22 of the Freedom of Information and Protection of Privacy Act, I understand that all information provided to the City of Abbotsford is subject to the provision of the Freedom of Information and Protection of Privacy Act. I consent to the City of Abbotsford releasing my personal information related to this application.

**Initials of Applicant:** \_\_\_\_\_

The owner/applicant is responsible for ensuring compliance with the BC Heritage Conservation Act, including steps to determine whether or not a site is an archaeological site. It is against the law to alter an archaeological site without first obtaining a permit to do so from the Archaeology Branch, Ministry of Tourism, Sport and the Arts.

### WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

BY SUBMITTING THIS PERMIT APPLICATION, YOU, OR THE PARTY ON WHOSE BEHALF YOU ACT, ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, AND ASSUMING CERTAIN OBLIGATIONS, SUCH AS THE OBLIGATION TO INDEMNIFY THE CITY OF ABBOTSFORD

#### PLEASE READ THE FOLLOWING PROVISIONS CAREFULLY

In consideration and as a condition of the City of Abbotsford (the "City") granting the permit applied for, each of the Owner, the Owner's Authorized Agent (for himself and on behalf of and with instructions from the Owner and any other party on behalf of whom the Authorized Agent acts) and the Applicant (if not Owner of the Owner's Authorized Agent), jointly and severally agree as follows:

**Waiver** - I/we hereby waive any and all claims whatsoever that I/we may have, or may have in the future, against the City, its directors, officers, elected officials and employees (collectively, the "Releasees") as a result of the issuance of this permit or any work undertaken pursuant to this permit or for any inspection or other action undertaken as a result of this permit, due to any cause whatsoever, including but not limited to negligence or breach of any statutory or other duty of care.

**Release** - I/we hereby remise, release and forever discharge the Releasees from any and all claims, actions, demands, obligations, liabilities, costs and expenses whatsoever, whether direct or indirect, including without limitation with respect to any damage to person or property, that I/we may suffer or incur, due to any cause whatsoever including negligence or breach of any statutory or other duty of care, as a result of the issuance of this permit or any inspection or action undertaken by the City as a result of this permit.

**Indemnity** - I/we hereby agree to indemnify and hold harmless the Releasees from and against any and all claims, actions, demands, obligations, liabilities, costs or expenses whatsoever and howsoever arising, including arising out of or with respect to any damage to any person or property incurred by myself, the party for whom I act as agent, or any other party, which may in any way arise or accrue against the Releasees as a result of or incidental to the issuance of this permit.

**No Representations, Warranties or Guarantees** -The City has not made any representations, warranties or guarantees with respect to any matter relating to this permit or any work to be undertaken pursuant to this permit, including without limitation compliance with City bylaws or any other provincial or federal act or regulation in force in the City. I/we hereby agree that I/we will be solely responsible for ensuring that all work carried out pursuant to this permit is in compliance with all applicable City bylaws and any other provincial or federal act or regulation in force in the City. I/we further agree that I/we do not rely on the City to notify me/ us of any defects in this permit Application or supporting documentation and that any inspection or other actions undertaken by the City are not intended to ensure and will not ensure that any work complies with the applicable City bylaws or any other provincial or federal act or regulation in force in the City.

I agree to conform to all applicable requirements of City of Abbotsford bylaws and all other applicable provincial or federal statutes in force in the City of Abbotsford.

**Initials of Applicant:** \_\_\_\_\_

BUILDING PERMITS & LICENCES

604-864-5525

building-info@abbotsford.ca

www.abbotsford.ca



# OWNER'S AUTHORIZATION / ACKNOWLEDGEMENT FORM

## City of Abbotsford BUILDING PERMIT APPLICATION APPENDIX OWNER'S AUTHORIZATION FORM

**Civic Address:** \_\_\_\_\_

**Legal Description:** \_\_\_\_\_

This document shall serve to notify the City of Abbotsford that I am/we are the legal owners (s) of the property described above and do authorize the person indicated below (Authorized Agent) to act on my/our behalf on all matters pertaining to any of the Permit Application(s) indicated below for the property described above, including the authority to endorse on my/our behalf application documents.

**Name of property owner(s):** \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone (business): \_\_\_\_\_ Phone (mobile): \_\_\_\_\_

**The following section needs to be completed if the Registered Property Owners are not the applicant for this building permit.**

**Name of Authorized Agent:** \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone (business): \_\_\_\_\_ Phone (mobile): \_\_\_\_\_

**Description of work:** \_\_\_\_\_

It is understood that until the City is advised in writing that the Authorized Agent no longer acts on behalf of the Owner, the City will deal with the Authorized Agent with respect to all matters pertaining to the Permits referred to in this Authorization Form. I/we hereby authorize the Authorized Agent to act on our behalf in accordance with the terms of this Owner's Authorization Form. This authorization supersedes any previous agent authorization. **Initials of Owner** \_\_\_\_\_

|                                      |                             |             |
|--------------------------------------|-----------------------------|-------------|
| Signature of owner                   | Owner's name (print)        | Date        |
| Signature of owner                   | Owner's name (print)        | Date        |
| Signature of owner                   | Owner's name (print)        | Date        |
| Signature of owner                   | Owner's name (print)        | Date        |
| <b>Signature of Authorized Agent</b> | <b>Agent's name (print)</b> | <b>Date</b> |

### BUILDING PERMITS & LICENCES

604 864 5525  
building-info@abbotsford.ca  
www.abbotsford.ca

