



# 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 non-combustible
- 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 |
| Racetrack 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.**

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**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 | Cleanroom  | <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 | Industrial furnace                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Commercial cooking operation                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Linen handling system                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Oxygen-fuel gas system for welding or cutting      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Incinerator or waste 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.**

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

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

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**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.**

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**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):**

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**Relationship and firm of agent (print):** \_\_\_\_\_