

Existing Life Safety Systems for Building



Date (yyy-mm-dd)	Folder No.
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Project Information

Street No.	Street Name		
City/ Town	Province	Postal Code	
Existing Use		Proposed Use	

Fire Alarm System

1. Does this building have a fire alarm system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Fire Alarm system installed throughout the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Stanpipe and Hose System

2. Does this building have a standpipe and hose system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , the fire hose cabinets shall be located on the drawings.		
Length of fire hose: _____		

Sprinkler System

3. Does the Building have a sprinkler system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate where the sprinkler system is installed: _____		
- The complete building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- All subgrade levels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Above grade levels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate which levels: _____		

Fire Suppression System (Commercial Cooking Equipment)

4. Does the building have a Fire Suppression System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- If yes , what kind of Fire Suppression System is it?	_____	
- Last date the Fire Supression System was inspected:	_____	

Continue on next page.

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Fire Separations

Existing Fire Resistance Rating (FRR) of all Fire Separations:			
(FRR)	Major Occupancy One	Major Occupancy Two	Major Occupancy Three
Walls			
Floors			
Roofs			

Storeys

5. Number of storeys: a) Above grade _____ a) Below grade _____

6. Is the building considered highrise? Yes No
If **yes**, then voice communication requirements must be installed.

7. Is the alteration taking place on a cross-over floor? Yes No

Tenants

8. The floor(s) involved in this application are: Single tenancy Multiple tenancy

Prepared By

Architect / Professional Engineer / Designer

First Name	Last Name	Telephone No.
Company Name		Fax No.
Signature		Date (yyyy-mm-dd)