



City of Burnaby  
 Building Division, Planning and Development Department  
 4949 Canada Way, Burnaby, BC V5G 1M2  
 Phone: 604-294-7130 Fax: 604-294-7986  
 E-Mail: [Permits@Burnaby.ca](mailto:Permits@Burnaby.ca)



# FIRE PROTECTION PERMIT APPLICATION

Application Date: \_\_\_\_\_

Customer Service Assistant: \_\_\_\_\_

This application must be completed in its entirety. If any fields are not complete, the application WILL NOT be processed.

For all applications received online, via e-mail, faxed or mail, an invoice will be e-mailed to the contractor and payment can be made online at: <https://invoices.burnaby.ca/>

## Section 1: Property Information

<b>BUILDING PERMIT:</b> BLD	<b>FPP</b>	<i>(Office Use Only)</i>
<b>SITE ADDRESS:</b>		
<b>TENANT NAME:</b>		
<b>PROJECT DESCRIPTION:</b>		
<b>BUILDING USE:</b> <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		

## Section 2: Sprinkler Contractor Information

<b>COMPANY NAME:</b>	<b>BUSINESS LICENSE:</b> (Burnaby or IMBL)	
<b>ADDRESS:</b>	<b>CITY:</b>	<b>POSTAL CODE:</b>
<b>PHONE NUMBER:</b>	<b>E-MAIL:</b>	
<b>SPRINKLER FITTER NAME:</b>	<b>FITTER TQ NUMBER:</b>	
<b>PHONE NUMBER:</b>	<b>E-MAIL:</b>	

## Section 3: Property Owner Information

<b>TENANT/OWNER(S) NAME:</b>	
<b>PHONE NUMBER:</b>	<b>E-MAIL:</b>

## Section 4: Sprinkler Permit Details

<b>Type of Work:</b>	<input type="checkbox"/> Alteration to existing system	<input type="checkbox"/> New System
<b>Sprinkler System Standard:</b>	<input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R	<input type="checkbox"/> NFPA 13E <input type="checkbox"/> Other:
<b>Hazard Classification:</b>	<input type="checkbox"/> Light <input type="checkbox"/> Extra	<input type="checkbox"/> Ordinary #1 <input type="checkbox"/> Ordinary #2 <input type="checkbox"/> Rack Storage
<b>Sprinkler System Type(s):</b>	<input type="checkbox"/> Wet Pipe <input type="checkbox"/> Dry Pipe	<input type="checkbox"/> Pre-Action <input type="checkbox"/> Deluge <input type="checkbox"/> Special Type <input type="checkbox"/> Combined
<b>System Design:</b>	<input type="checkbox"/> Hydraulic <input type="checkbox"/> Pipe Schedule	Design modification to existing system: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Underground Main (provide details):</b>		
Size: _____	Material: _____	Length: _____ Pressure: _____
<b>Application to Install (provide quantities):</b>		
New Sprinkler Heads: _____	Relocated Sprinkler Heads: _____	Siamese Connection: _____
Hose Cabinets: _____	Inside Hydrants: _____	Fire Pump Tester Head: _____
Hose Outlets: _____	Above Ground Wet/Dry Outlets: _____	Above Ground Piping: _____
Stand Pipes: _____		
<b>Backflow Device(s)</b>	<input type="checkbox"/> Existing <input type="checkbox"/> New (separate plumbing permit required for new BPD)	Plumbing Permit # _____

I hereby declare that the Provincial licence and/or certification is in effect and valid and that all other information contained in this application is accurate. I acknowledge that the City is relying on this declaration for issuance of permit. I further confirm that all work performed under this permit shall be done in accordance with all applicable City of Burnaby Bylaws and Provincial Regulations."

Personal information collected on this form is in accordance with s. 26(c) of the Freedom of Information and Protection of Privacy Act (RSBC 1996) for permitting purposes. Please be advised that permits are considered public records that are available in various City publications or disclosed through information requests. For questions regarding the collection, use and disclosure of personal information please contact the FOI Administrator at [FOI@burnaby.ca](mailto:FOI@burnaby.ca) or by calling 604-294-7944 or in person at City Hall at 4949 Canada Way, Burnaby.