

Building Permit

Fire Suppression Alteration Certification

Stamp
Date here



TO:
The Building Inspector
The District of Squamish
37955 Second Avenue
Squamish, BC V8B 0A3

Date _____

BP# _____

RE:

Address of Project (Print)

Legal Description or PID (Print)

Project Name (Print)

I hereby give assurance that the following work was performed at the above project in accordance with applicable regulations contained in the current edition of the British Columbia Building Code and referenced Sprinkler Standards:

____ New heads were installed with related piping (maximum number is 6)

____ Existing heads were relocated (maximum number is 12)

____ Heads were redirected (drop out ceiling added or deleted - no change in pattern)

Company Name: _____

Name of Tradesperson: _____

Cel Phone: _____

Email: _____ TQ Number: _____

Authorization:

I confirm that the information I
have supplied is true and correct:

Date

(Owner or Agent's Signature)