



DELTA FIRE & EMERGENCY SERVICES FIRE PROTECTION SERVICES

Application for Authorization for Shut Down of Life/Property Safety System

Complete the following form and forward to the Delta Fire & Emergency Services, Fire Protection Services Office (fax: (604) 946-0436). Provide a floor plan or sketch to assist in identifying the affected area.

This is a requirement of the Delta Fire Protection & Fireworks Bylaw 5855, 2001

Name of Project: _____ Start Date: _____
Room # / Location: _____
Principal Contractor: _____ Phone #: _____
Project Superintendent: _____ Phone #: _____
*Return Fax Number: _____
Tenant Project Manager: _____ Phone #: _____

Indicate which of the following needs to be temporarily shut down.

Fire Department Access	<input type="checkbox"/>	Effective date: _____	Duration: _____
Sprinkler System	<input type="checkbox"/>	Effective date: _____	Duration: _____
Standpipe System	<input type="checkbox"/>	Effective date: _____	Duration: _____
Water Supply for Fire Fighting (water main(s), fire hydrant(s), fire pump(s), etc.)	<input type="checkbox"/>	Effective date: _____	Duration: _____
Fire Alarm System	<input type="checkbox"/>	Effective date: _____	Duration: _____
Fire Suppression System(s)	<input type="checkbox"/>	Effective date: _____	Duration: _____
Electrical System(s) (affecting fire alarm system(s), exit signs, lighting to fire exit locations, etc.)	<input type="checkbox"/>	Effective date: _____	Duration: _____
Exit(s)	<input type="checkbox"/>	Effective date: _____	Duration: _____
Fire Wall(s)	<input type="checkbox"/>	Effective date: _____	Duration: _____

For Fire Protection Services Use Only

Authorized by: _____ Date: _____
Department: _____ Phone #: _____

**** Post this Authorization at Work Area Site ****