



THE CORPORATION OF THE CITY OF WHITE ROCK

15322 Buena Vista Avenue, White Rock, B.C. V4B 1Y6

Telephone: (604) 541-2149 Fax: (604) 541-2153

Inspection Booking: (604) 541-2135

APPLICATION FOR SPRINKLER PERMIT

OFFICE USE

Permit #: _____

Issue Date: _____

Location of Work: _____ Occupancy: _____ Type of Work: New ☐ Existing ☐ Additional ☐

Property Owner(s): _____ Phone: _____ Email: _____

Contractor Name: _____ Phone: _____ Email: _____
(As it appears on your City of White Rock Business License)

T.Q. #: _____

Floor	Heads	Hose Valves	F.D.C.	B.F.P.	D.V.P.	Fire Pump	Other
Basement							
Main							
Second							
Third							
Fourth							
Fifth							
Sixth							
TOTAL							
Fixture Units							

Water Service Size: _____ Total Fixture Units: _____ Total No. of Fixtures: _____ PERMIT FEE: \$ _____

Print Name (Applicant)

Signature (Applicant)

Date

*In signing, I agree to conform to all requirements of the "City of White Rock Building By Law"

Signature (City Clerk)