



CITY OF BILLINGS

DELAYED PLAN SUBMITTAL VERIFICATION FORM

Permit # _____

Building/Business Name: _____

Building Address: _____

Type of System: **Automatic Sprinkler System** (Complete Attached Owner's Information Certificate)
 Alternative Automatic Extinguishing System
 Fire Alarm
 Other: _____

Architect: _____

Address: _____

Phone # _____

Requirements:

1. This form shall be completed and returned to the Fire Marshal's Office prior to approval of building plans.
2. Delayed plans shall be submitted within 60 days of the approval of the building plans.
3. Plans shall be complete and contain all required information in accordance with the currently adopted fire code.
4. Submit **Automatic Sprinkler System, Alternative Automatic Extinguishing System, and Fire Alarm Plans** to:

Fire Safety Consultants, Inc.
2420 Alft Lane Suite B100
Elgin, IL 60124
Office Phone: (847) 697-1300
Email: info@firesafetyfsci.com

5. Submit **High Piled Storage Plans** to:

Billings Fire Department
Attention: Fire Marshal
2305 8th Avenue North
Billings, MT 59101

Signature of Architect or Building Owner

Date

Printed Name

Updated: 04/27/2015

*To protect life and property
while recognizing our people as the key to our success*

Owner's Information Certificate

(Complete if building contains a sprinkler system)

Name/Address of property to be protected with sprinkler protection:

Name of Owner: _____

Existing or planned construction is:

- Fire resistive or noncombustible
- Wood frame or ordinary (masonry walls with wood beams)
- Unknown

Is the system installation intended for one of the following special occupancies:

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| Aircraft hangar | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fixed guideway transit system | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Race track stable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Marine terminal, pier, or wharf | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Airport terminal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aircraft engine test facility | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Power plant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Water-cooling tower | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "yes," the appropriate NFPA standard should be referenced for sprinkler density/area criteria.

Indicate whether any of the following special materials are intended to be present:

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| Flammable or combustible liquids | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aerosol products | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nitrate film | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pyroxylin plastic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Compressed or liquefied gas cylinders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Liquid or solid oxidizers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Organic peroxide formulations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Idle pallets | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "yes," describe type, location, arrangement, and intended maximum quantities.

Indicate whether the protection is intended for one of the following specialized occupancies or areas:

- | | |
|--|--|
| Spray area or mixing room | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Solvent extraction | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Laboratory using chemicals | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Oxygen-fuel gas system for welding/cutting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Acetylene cylinder charging | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Production or use of compressed or liquefied gases | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Commercial cooking operation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Class A hyperbaric chamber | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cleanroom | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Incinerator or waste handling system | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Linen handling system | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Industrial furnace | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Water-cooling tower | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer to any of the above is "yes," describe type, location, arrangement, and intended maximum quantities:

Will there be any storage of products over 12 ft (3.6 m) in height?

Yes No

If the answer is "yes," describe product, intended storage arrangement, and height: _____

Will there be any storage of plastic, rubber, or similar products over 5 ft (1.5 m) high except as described above?

Yes No

If the answer is "yes," describe product, intended storage arrangement, and height: _____

I certify that I have knowledge of the intended use of the property and that the above information is correct.

Signature of owner's representative or agent: _____

Date: _____

Name of owner's representative or agent completing certificate (print): _____

Relationship and firm of agent (print): _____