



CITY OF BILLINGS – **Billings Fire Department**
2305 8th Avenue North
Billings, MT 59101
(406) 657-8423 Fax: (406) 657-8456

DELAYED PLAN SUBMITTAL VERIFICATION FORM

Permit #	
Building / Business Name	
Building Address	

Type of System:

<input type="checkbox"/>	Automatic Sprinkler System (<i>complete attached Owner's Information Certificate</i>)
<input type="checkbox"/>	Alternative Automatic Extinguishing System :
<input type="checkbox"/>	Fire Alarm :
<input type="checkbox"/>	Other :

Architect:

Name	
Address	
Phone Number	

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

Signature of Architect or Building Owner		Date	
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Printed Name		Email	
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OWNER'S INFORMATION CERTIFICATE

Complete if building contains a sprinkler system

NAME / ADDRESS OF PROPERTY TO BE PROTECTED WITH SPRINKLER PROTECTION

NAME OF OWNER

1. Existing or planned construction is:

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

2. Is the system installation intended for one of the following occupancies:

- Aircraft hangar Yes No
- Fixed guideway transit system Yes No
- Race track stable Yes No
- Marine terminal, pier, or wharf Yes No
- Airport terminal Yes No
- Power plant Yes No
- Water-cooling tower Yes No

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

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

- Flammable or combustible liquids Yes No
- Aerosol products Yes No
- Nitrate film Yes No
- Pyroxylin plastic Yes No
- Compressed or liquefied gas cylinders Yes No
- Liquid or solid oxidizers Yes No
- Organic peroxide formulations Yes No
- Idle pallets Yes No

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

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

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

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

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5. Will there be any storage or products over 12 ft. (3.6 m) in height? Yes No

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

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6. Will there be any storage of plastic, rubber, or similar products over 5 ft. (1.5m) high except as described above? Yes No

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

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

Signature of owner's representative or agent		Date	
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Name of owner's representative or agent completing certificate (print)

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Relationship and firm of agent (print)

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