



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:

	Automatic Sprinkler System (complete attached <i>Owner's Information Certificate</i>)
	Alternative Automatic Extinguishing System :
	Fire Alarm :
	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	<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
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:

3. 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:

4. 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:

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:

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:

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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