



MAPLE RIDGE FIRE DEPARTMENT

APPLICATION FOR AUTHORIZATION FOR SHUT DOWN OF LIFE/PROPERTY SAFETY SYSTEM

This form is to be forwarded to Maple Ridge Fire Department
BY FAX 604-476-3069 and by email to msmitton@mapleridge.ca

Name of Project: _____ Start Date: _____
Location: _____
Principal Contractor: _____ Phone # _____
Project Manager: _____ Phone # _____
Return fax number or email: _____

Check off the item(s) that needs to be temporarily shut down

Fire Alarm System	<input type="checkbox"/>	Effective Date: _____	Duration: _____
Fire Suppression System <small>kitchen systems, paint booths etc</small>	<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 <small>fire hydrants, fire pumps, water mains</small>	<input type="checkbox"/>	Effective Date: _____	Duration: _____
Electrical system <small>affecting fire alarm systems exit light fire exit lighting</small>	<input type="checkbox"/>	Effective Date: _____	Duration: _____
Exits	<input type="checkbox"/>	Effective Date: _____	Duration: _____
Fire Walls	<input type="checkbox"/>	Effective Date: _____	Duration: _____
Fire Department Access	<input type="checkbox"/>	Effective Date: _____	Duration: _____

FIRE DEPARTMENT USE ONLY

Authorized by: _____ Date: _____
Signature: _____ Title: _____

**THIS AUTHORIZATION TO BE POSTED AT WORK SITE
IN CONSPICUOUS LOCATION**