



PLEASE PRINT

FIRE SAFETY EVALUATION FORM

A completed Building Permit and a Building/Development Application must accompany this questionnaire.

Description

SECTION 1

Civic address of property _____

Property owner's name _____

Address _____

City _____ Postal Code _____ Telephone (Daytime) _____

Email _____

Applicant name (if not owner) _____

Address _____

City _____ Postal Code _____ Telephone (Daytime) _____

Email _____

Description of project or proposed occupancy:

Property Description

SECTION 2

Number of storeys _____ Number of streets faced _____

Basement? Yes No

Landlocked at rear? Yes No

Is building attached? Yes No If yes, on how many sides _____

Footprint area of building and approximate dimensions _____

Concealed spaces and location(s) (i.e. crawl spaces, dropped ceilings etc.)

Distance from building entrance to fire hydrant (metres) _____

General description of use by floor level:

Basement

First

Second

Third

How is a typical floor assembly constructed? (i.e. size and spacing of floor joists, beams, columns, ceiling finish)

How is a typical wall assembly constructed? (i.e. wood or steel studs, wall finishes)

How are party walls constructed? (i.e. wood, masonry, or both) Also, please describe wall finishes.

Note any assemblies that deviate from typical conditions and their location

Potential Hazardous Areas

SECTION 5

Where present, indicate the location of any of the following:

Multiple tenants, leaseholders	Basement	First	Second	Third
Janitorial/refuse/recycling	Basement	First	Second	Third
General storage	Basement	First	Second	Third
Fuel-fired appliances	Basement	First	Second	Third
Electrical/data	Basement	First	Second	Third
Usable space below stairs	Basement	First	Second	Third
Concealed spaces	Basement	First	Second	Third

Additional comments

Exiting and Fire Safety

SECTION 6

Are the stairs enclosed? Yes No

Provide a general description of the stairs: (i.e. typical construction wood/gyprock, rise/run headroom, fire rated doors)

For each floor level, indicate the following:

Direct access to the exterior	Basement	First	Second	Third
Fire escapes or balconies	Basement	First	Second	Third
Egress windows	Basement	First	Second	Third
Emergency lighting	Basement	First	Second	Third

Does this building have a fire safety plan? Yes No

If yes, when was it last reviewed by the St. John's Regional Fire Department (yyyy-mm-dd)? _____

For each level, indicate the expected number of occupants:

Basement _____ First _____ Second _____ Third _____

Privacy Notice

SECTION 7

Collection of Personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to conduct a fire safety evaluation. Questions about the collection and use of the information may be directed to the Manager of the Regulatory Services Division, by email: building@stjohns.ca or by phone 709-576-8565.

Applicant Signature of Agreement

SECTION 8

I hereby submit this application and confirm that the information supplied is, to the best of my knowledge, correct. In addition, I agree to comply with all City of St. John’s regulations and by-laws, agree to develop in accordance with the plans approved by the City of St. John’s, and agree not to commence development without applicable written approval and permits from the City of St. John’s. I acknowledge that I have reviewed this application and agree to provide any additional information as requested. Note: Where the applicant and property owner are not the same, the signature of the property owner is required.

Applicant _____ Date (yyyy-mm-dd) _____

Property owner _____ Date (yyyy-mm-dd) _____

The City of St. John’s, as the authority having jurisdiction, reserves the right to approve or reject applications using this document at its discretion.

Please mail completed form to:

Access St. John’s
10 New Gower Street
P.O. Box 908
St. John’s NL A1C 5M2

Email: access@stjohns.ca
Fax: 709-576-7688
Call: 311 or 709-754-2489