## FIRE DEPARTMENT BUILDING RECORD

STATION: CLASSIFICA	TION: FIRE LIMITS:	CARD NUMBER:		
OWNER:	ADDRESS:	TEL:TEL:TEL:	_	
AGENT:	ADDRESS:	TEL:		
OCCUPANT:	BUSINESS:	TEL:	- 2	
CONSTRUCTION-WALLS:	ROOF:	NO. STORIES:	_	
HEATING-TYPE:	LOCATION:	FIRE ALARM:	_	
EXTINGUISHERS:			_	
SPRINKLERS: COMPLETE:	PARTIAL:DF	RY:OTHER:		
STANDPIPES: YES:NO:	HOSE CABINETS: YES: N	NO: HOSE SIZE:		
GAS SHUT OFF LOCATION:	E	LEC.SHUT OFF:	<del></del>	
AIR CONDITIONING SHUT OFF:_		: 		

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].							
DATE	INSPECTOR	CONDITIONS FOUND	DATE	INSPECTOR	CONDITIONS FOUND		
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