



A. Project information				
Building number, street name			Unit number	Lot/con.
CAMBRIDGE, ON		Postal code	Plan number/other description	
B. Applicant				
Last name		First name	Corporation or partnership	
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ()	Fax ()		Cell number ()	
C. Mechanical Penetrations				
i) Through Floor Assemblies				
Type of Penetration	Comb / NonComb Pipe	F Rating	Design #	Comments
Water Distribution				
Sprinkler Piping				
Vacuum System Piping				
DWV Piping				
Gas Piping				
HVAC Ducts not requiring a damper				
Other Penetrations				
ii) Through Wall Assemblies				
Type of Penetration	Comb / NonComb Pipe	F Rating	Design #	Comments
Water Distribution				
Sprinkler Piping				
DWV Piping				
Gas Piping				
HVAC Ducts not requiring a damper				
Other Penetrations				
D. Electrical Penetrations				
i) Through Floor Assemblies				
Type of Penetration	Type of Wire	F Rating	Design #	Comments
Electrical Cables Dia. >25 mm				
EMT / Steel Conduit				
ii) Through Wall Assemblies				
Type of Penetration	Comb / NonComb Pipe	F Rating	Design #	Comments
Electrical Cables Dia. >25 mm				
EMT / Steel Conduit				

E. Construction Joints and Structural Penetrations				
i) Top of Wall				
Wall Type	Floor Type	F Rating	Design #	Comments
ii) Floor to Floor				
Floor Type A	Floor Type B	F Rating	Design #	Comments
iii) Floor to Wall				
Floor Type	Wall Type	F Rating	Design #	Comments
iv) Perimeter Joints (Curtain Walls)				
Floor Type	Curtain Wall Type	F Rating	Design #	Comments
F. Penetrations in Fire Walls				
Type of Penetration	Comb / NonComb Pipe	FT Rating	Design #	Comments
Water Distribution				
Sprinkler Piping				
DWV Piping				
Gas Piping				
Other Penetrations				
G. Multiple Penetrations				
Description	Comb / NonComb Pipe	F Rating	Design #	Comments
H. Declaration of applicant				
I _____ certify that:				
(print name)				
<ol style="list-style-type: none"> 1. Copies of all fire stop designs are attached. 2. The information contained in this application, attached plans and specifications, and other attached documentation is true to the best of my knowledge. 3. I have authority to bind the corporation or partnership (if applicable). 				
_____		_____		
Date		Signature of applicant		

Personal information contained on this form is collected pursuant to the Building Code Act and will be used for the purpose of responding to your application. Questions about this collection of personal information should be directed to the City's Freedom of Information Co-ordinator in the Public Access and Council Services Department at (519)740-4680, Ext. 4079.