SURREY Occupant Load Information Sheet

Building Address:
Building Address:
Previously occupied (restaurant, pub, etc.):
Applicant Name:
Title:
Address:
City: Postal Code:
Address:
Is there a City of Surrey Council Resolution that stipulates the occupant load? Yes, No If so, what is the occupant load? persons
Is there an existing approved Occupant Load: Yes, No, or Unknown If yes, is it issued or approved by City Building Div, Fire Dept or Fire Commissioner for persons. Date:
Is Liquor Control and Licensing Branch approval required: Yes, No
Building permit# (if applicable)
Is a Fire Alarm and Detection System provided: Yes, No
 Is this occupant in a multi-tenant building: Yes:, No: If in a multi-tenant building, what is the total occupant load? persons.
Under the B.C. Building Code Regulations:
Washroom count: persons Table 2.1.17.1. Occurrent Load
• Table 3.1.17.1. Occupant Load
• Type of Use, Floor Area sq.m /Area per person
 Units of exits. Total width mm/ mm/per person = persons
Under the B.C. Fire Code Regulations:
• Gross Floor Space: sq.m. minus sq.m. for obstructions =sq.m.
Reduced Floor Space:
sq.m.
Net Floor Space: sq.m. divided by 0.4 sq.m./ per person = person
If applicable,
Non-fixed seating arrangements as per Article 2.7.1.5 persons
Non-fixed seats and tables as per Sentence 2.7.1.5.3 persons
Desired Occupant Load: persons The following Occupant Load is/are accepted.
Date:
I, Architect or Registered Professional hereby certify that the figures entered above represent a true and accurate calculation of the premises in question.
Return completed worksheet with scale drawings in person, Fire Hall 1 or email to
fireprevention@surrey.ca and include a cheque (made payable to City of Surrey) Or
Visa or MasterCard in the amount of:
\$521.00 (up to 150 persons)
or \$868.00 (151+ persons)
Visa/MasterCard # Signature Name Expiry date to the Fire Prevention Office, 8767 - 132 Street, Surrey, B.C. V3W 4P1.
Name Expiry date
to the Fire Prevention Office, 8/67 - 132 Street, Surrey, B.C. V3W 4P1.
Fire Service use only:
Inspection Fee received: Initials: Date:
Submission reviewed by:
https://surrevbc.sharepoint.com/sites/sfs.file.corporate.plan/0100_0699_corporate.administration/0575_forms_management/20_forms_(by_name_or_number)/fire_prevention/form_068_occupant_load

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