



# FIRE PROTECTION INFORMATION

Department of Planning  
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Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address (PO Box & KY #): \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Block: \_\_\_\_\_ Parcel: \_\_\_\_\_ File No. \_\_\_\_\_ Permit No. \_\_\_\_\_

Building Description \_\_\_\_\_

Occupancy Classification \_\_\_\_\_

Type of Construction \_\_\_\_\_

Sprinkler System:  Yes  No Fire Alarm:  Yes  No Fire Protection:  Yes  No

## Height & Area

Proposed No. Stories \_\_\_\_\_ Proposed Sq. Ft. \_\_\_\_\_

Allowed No. Stories \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Occupant Content \_\_\_\_\_

## Means of Egress

	Proposed	Required
Number of Exits		
Travel Distance		
Tenant Separation		
Occupancy Separation		
Panic Hardware		

	Proposed	Required
Exit Enclosure		
Corridors		
Openings		
Emergency Lights		
Exit Signs		
Protection		

## For Official Use Only

Detection System \_\_\_\_\_ Fire Alarms \_\_\_\_\_ Fire Extinguishers \_\_\_\_\_

Stand Pipes \_\_\_\_\_ Fire Vehicle Access \_\_\_\_\_ Sprinklers \_\_\_\_\_

Fire Hydrants \_\_\_\_\_ Fire Walls \_\_\_\_\_ Automatic Suppression System \_\_\_\_\_

Agent Contacted?  Yes  No

Additional Comments: \_\_\_\_\_

Reviewer Initials \_\_\_\_\_ Signature \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_