

Declaration for Electromagnetic Locking Devices

For use by Principal Authority								
Date Received:			Building Permit Number:					
A. Project Information								
Installed At (Street Address)								
Locations Within Building								
B. Installer Information								
Last Name		First Na	First Name		Corporation or partnership			
Company Address		1	City/Town		Province			
Postal Code Phone Number			Email	mail				
C. Owner Information								
Last Name			First Name					
Company Address		City/Town	Province			е		
Postal Code	stal Code Phone Number			Email				
D. Declaration of Applicant							Yes	No
 The building has a Fire Alarm System that complies with subsection 3.2.4. of the OBC The device releases: a) Immediately upon activation of a signal from the Fire Alarm System b) Upon loss of power:								
The undersigned hereby certifies that the electromagnetic locking device has been installed at the location(s) noted above and meets all the requirements and provisions of the OBC 3.4.6.16. (4) (5) (6) (7) (8) and 3.4.6.18. (2)								
Signature of Installer: [Date:				
Signature of Owner: Date:								