

FLOOR PLAN

Floor Plan Information Requirements

CONTACT NAME: _____

A) BUSINESS NAME: _____

B) BUSINESS ADDRESS

C) TYPE OF BUSINESS: (choose one)

- Food Services Salesperson
 Personal Services Amusement Place
 Automotive

D) NUMBER OF SEATS _____

G) LOCATION OF FIRE EXISTS

H) NUMBER OF BATHROOM STALLS _____

I) NORTH ARROW

J) _____ SQ FT (GROSS LEASABLE FLOOR AREA)

K) SQ FT (GROSS LEASABLE FLOOR AREA BREAKDOWN)

L) IS THERE A FIRE ALARM SYSTEM PRESENT YES / NO

M) IS THE BUILDING SPRINKLERED YES / NO

N) LOCATION OF FIRE EXTINGUISHERS

N) FOR KITCHENS, IDENTIFY THE LOCATION OF ANY KITCHEN HOOD AND/OR SUSPENSION SYSTEMS. PROVIDE NAME, TYPE AND SERIAL # OF ALL KITCHEN HOOD AND SUSPENSION SYSTEMS.

For all questions relating to the Floor Plan Requirements please contact businesslicense@cornwall.ca

