

Building permit number
BP/DB



OWNER'S INFORMATION CERTIFICATE

Name/address of property to be protected with sprinkler protection:

Name of owner:

VBBL 14 19 NFPA 13 99 13 NFPA 13R 10 13 NFPA 13D 10 13 NFPA 14 10 13 NFPA 20 10 13

Existing or planned construction is:¹

Fire resistive or noncombustible

Wood frame or Heavy timber

Other _____

Describe the intended use of the building or area of work (suite(s))

_____ Stories Above Ground _____

_____ Stories Below Ground _____

Note regarding proposed building(s): The design and installation of the fire sprinkler system is dependent on an accurate description of the likely use of the building. Without specific information, assumptions will need to be made that will limit the actual use of the building. Make sure that you communicate any and all use considerations to the fire sprinkler engineer in this form and that you abide by all limitations regarding the use of the building based on the limitations of the fire sprinkler system that is eventually designed and installed. This form is required to be filled out by the Owner, Tenant, Owners Representative as this form is used to base the design of the fire suppression system.

Is the system installation intended to protect the following special conditions:

- Compact storage (track storage system) Yes No _____
- Combustible concealed spaces (see NFPA 13) Yes No _____
- Interconnected floor space Yes No _____
- Raised floors Yes No _____
- Ceiling pockets over 1000 ft³ or combination of pockets within 10 ft of each other add to 1000 ft³ Yes No _____
- Sloped ceiling over 8/12 in pitch Yes No _____
- Other Yes No _____

If the answer to any of the above is "yes," describe type, location, arrangement. ¹

Indicate whether any of the following special materials are intended to be present:

- Flammable or combustible liquids Yes No _____
- Aerosol products Yes No _____
- Nitrate film Yes No _____
- Pyroxylin plastic Yes No _____
- Compressed or liquefied gas cylinders Yes No _____
- Liquid or solid oxidizers Yes No _____
- Organic peroxide formulations Yes No _____
- Idle pallets Yes No _____
- Other Yes No _____

If the answer to any of the above is "yes," describe type, location, arrangement, and intended maximum quantities. ¹

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Indicate whether the protection is intended for one of the following specialized occupancies or areas:

- | | | | |
|--|------------------------------|-----------------------------|-------|
| Information Technology room | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Spray area or mixing room | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Solvent extraction | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Laboratory using chemicals | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Oxygen-fuel gas system for welding or cutting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Acetylene cylinder charging | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Production or use of compressed or liquefied gases | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Commercial cooking operation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Class A hyperbaric chamber | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Cleanroom | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Linen handling system | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Brewery | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Distillery | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Marine Terminal, Pier, or Wharf | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Race Track stable | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Tire storage | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Other (see chapter 22) _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

If the answer to any of the above is "yes," describe type, location, arrangement, and intended maximum quantities. Fill out storage check sheet ¹

Will there be any storage of products over 12 ft (3.6 m) in height? Yes No

If the answer is "yes," describe product, intended storage arrangement, and height. ¹ (see Storage Sprinkler Design Design checklist)

Will there be any storage of plastic, rubber, or similar products over 5 ft (1.5 m) high except as described above? Yes No

If the answer is "yes," describe product, intended storage arrangement, and height. ¹

Is there any special information concerning the water supply? Yes No

If the answer is "yes," provide the information, including known environmental conditions that might be responsible for corrosion, including microbiologically influenced corrosion (MIC). ¹

I certify that I have knowledge of the intended use of the property and that the above information is correct.

Signature of owner, owner's representative ²: _____ Date: _____

Name of owner, owner's representative ² completing certificate (print): _____

Firm of owner's representative ² _____

Certified Professional stamp if required

¹ Provide additional pages as required to provide a complete description.

² Coordinating registered professional, or architect,