

Building permit number
BU/DB _____



OWNER'S INFORMATION CERTIFICATE

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

Name of owner: _____

VBBL 07 14 NFA 13 99 13 NFA 13R 02 10 NFA 13D 02 10 NFA 14 03 10 NFA 20 03 10

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.

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

- | | | |
|--|------------------------------|-----------------------------|
| Compact storage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Combustible concealed spaces (see NFPA 13) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Interconnected floor space | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Raised floors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ceiling pockets over 1000 ft ³ or combination of pockets within 10 ft of each other add to 1000 ft ³ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sloped ceiling over 8/12 in pitch | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aerosol products | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nitrate film | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pyroxylin plastic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Compressed or liquefied gas cylinders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Liquid or solid oxidizers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Organic peroxide formulations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Idle pallets | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other | <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. 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. 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): _____

Relationship To Project (print): _____

Firm of owner's representative ² _____

¹ Provide additional pages as required to provide a complete

² description. Coordinating registered professional or architect