

OWNER'S INFORMATION CERTIFICATE



2019 NFPA 13 Section 27.1.4 requires a signed copy of the owner's certificate be included with working plan submittals. This will become a permanent record for the building and is intended to be retained by the owner for the life of the fire sprinkler system.

Property name to be protected with sprinkler protection:	Click or tap here to enter text.
Address:	Click or tap here to enter text.
Name of owner	Click or tap here to enter text.

Existing or planned construction is:

- Fire resistive or noncombustible
- Wood frame or ordinary (masonry walls with wood beams)
- Unknown

Describe the intended use of the building:	Click or tap here to enter text.
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***NOTE:** 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 be made that may limit the actual use of the building. Make sure to communicate any and all use considerations to the fire sprinkler contractor in this form and 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 for one of the following special occupancies?

- | | |
|---|---|
| Aircraft hangar <input type="checkbox"/> Yes <input type="checkbox"/> No
Fixed guideway transit system <input type="checkbox"/> Yes <input type="checkbox"/> No
Racetrack stable <input type="checkbox"/> Yes <input type="checkbox"/> No
Marine terminal, pier, or wharf <input type="checkbox"/> Yes <input type="checkbox"/> No | Airport terminal <input type="checkbox"/> Yes <input type="checkbox"/> No
Aircraft engine test facility <input type="checkbox"/> Yes <input type="checkbox"/> No
Power plant <input type="checkbox"/> Yes <input type="checkbox"/> No
Water-cooling tower <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

If the answer to any of the above is "yes," the appropriate NFPA standard should be referenced for sprinkler density/area criteria.

Click or tap here to enter text.

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 |
|---|---|

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

Click or tap here to enter text.

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

Spray area or mixing room	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Class A hyperbaric chamber	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Solvent extraction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cleanroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laboratory using chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Incinerator or waste handling system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oxygen-fuel gas system for welding or cutting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Linen handling system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acetylene cylinder charging	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Industrial furnace	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Production or use of compressed or liquefied gases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Water-cooling tower	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commercial cooking operation	<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.

Click or tap here to enter text.

Will there be any storage of products over 12 feet in height? Yes No

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

Click or tap here to enter text.

Will there be any storage of plastic, rubber, or similar products over 5 feet high excluding what was described above? Yes No

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

Click or tap here to enter text.

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).

Click or tap here to enter text.

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

Signature of owner's representative or agent:

Date: Click or tap to enter a date.

Name of owner's representative or agent completing certificate (print):

Click or tap here to enter text.

Relationship and firm of agent (print):

Click or tap here to enter text.