



## Owner's Information Certificate

This certificate is required to be filled out per NFPA 13-2019 by the building owner or their agent for the purposes of informing the fire sprinkler contractor of the use and conditions of the building and water supply so that an appropriate fire sprinkler system can be installed.

---

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

---

Name of Owner: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail address \_\_\_\_\_

Existing or planned construction is:

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

Have preliminary plans (design concept drawings) been provided to assist in system layout and detailing?

☐ Yes ☐ No

If no, please explain:

---

Is the system installation intended for one of the following special occupancies?

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

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

|                                       |                                                          |
|---------------------------------------|----------------------------------------------------------|
| Aerosol products                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Compressed or liquefied gas cylinders | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Flammable or combustible liquids      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Idle pallets                          | <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 |
| Nitrate film                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pyroxylin plastic                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

|                                                   |                                                          |
|---------------------------------------------------|----------------------------------------------------------|
| Acetylene cylinder charging                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cleanroom                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Commercial cooking operation                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Compressed or liquefied gases (production or use) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hyperbaric chamber (Class A)                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Incinerator or waste handling system              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Industrial furnace                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Laboratory using chemicals                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Linen 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 |
| Solvent extraction                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spray area or mixing room                         | <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,” please describe below the type, location, arrangement, and intended maximum quantities:

---

---

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

If the answer to any of the above is “Yes,” provide the information known environmental conditions that might be responsible for corrosion, including microbiologically influenced corrosion (MIC)

---

---

Will the building have normally unheated spaces – specifically temperatures below 4°C?

☐ Yes ☐ No

Does the building insurer require compliance with supplementary design requirements for sprinkler systems?

☐ Yes ☐ No

If the answer is “Yes,” please identify the applicable insurer:

---

Will the building be served by a municipal water supply? ☐ Yes ☐ No

Will the building be provided with emergency standby power generation? ☐ Yes ☐ No

Will there be any storage of products over 12 ft. (3.5m) in height? ☐ Yes ☐ No

If the answer is “Yes,” please describe below the product, intended storage arrangement and height:

---

---

Will there be any storage of plastic, rubber or similar products over 5 ft. high as described above?

☐ Yes ☐ No

If the answer if “Yes,” please describe product intended storage arrangement and height:

---

---

Building height: \_\_\_\_\_ Storage height: \_\_\_\_\_

☐ Open Top Containers ☐ Encapsulation ☐ Banding

Commodity Class: ☐ I ☐ II ☐ III ☐ IV ☐ Group A Plastic ☐ Rubber Tires ☐ Other \_\_\_\_\_

Pallets: ☐ Conventional ☐ Wood ☐ Unreinforced Plastic ☐ Reinforced Plastic ☐ Slave Pallets

Storage Arrangement: ☐ Palletized, ☐ Solid Piled, ☐ Bin Box, ☐ Shelf or ☐ Back-to Back Shelf

☐ Rack Storage up to and including 25 ft. in height

☐ Rack Storage over 25 ft. in height

☐ Other \_\_\_\_\_

Rack Storages: ☐ Single Row ☐ Double Row ☐ Multiple Row ☐ Movable Racks

☐ Solid Shelves ☐ Aisles Width \_\_\_\_\_

☐ Longitudinal Flue Space \_\_\_\_\_ ☐ Transverse Flue Space \_\_\_\_\_

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,” please describe product, intended storage arrangement and height:

---

---

Plastics: ☐ Group A Plastics: ☐ Cartoned

☐ Exposed ☐ Non-expanded ☐ Expanded

☐ Free flowing (Protect as Class IV)

☐ Group B Plastics (Protect as Class IV)

☐ Group C Plastics (Protect as Class III)

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

Signature of owner's representative or agent: \_\_\_\_\_ Date: \_\_\_\_\_

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

Relationship and firm agent (print): \_\_\_\_\_