

OWNERS INFORMATION CERTIFICATE

This document is required for ALL NEW Storage (S), Mercantile (M), Hazardous (H) and Factory (F) facilities, ALL EXISTING S, M or F facilities UNDERGOING A CHANGE OF USE OR A CHANGE OF COMMODITIES within the building. This document shall be provided to the sprinkler system designer by the owner of the building or their authorized agent prior to the design and layout of the sprinkler system. This document is required as a part of a submittal for sprinkler system plan approval.

Note regarding speculative buildings or spaces: The design and installation of fire sprinkler systems 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 you communicate any and all use considerations to the fire sprinkler designer 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.

Project Name: _____

Project Address: _____

Name, Address and contact information of Property Owner: _____

Ohio Building Code (OBC) Use Group: _____ OBC Construction type: _____ Bld height in feet: _____ Stories: _____

This section is information about the building before alteration of or addition to the sprinkler system:

What type of sprinkler protection currently exists in the building? (check all that apply):

WET DRY PRE-ACTION DELUGE OTHER _____

Design criteria of existing system:

NFPA 13 Hazard Classification: Light Haz Ordinary Haz Group 1 2 Extra Haz Group 1 2
 Special Hazard: Explain: _____

Design density: _____ Area of Application: _____

Hose stream requirements: _____ Coverage per Sprinkler: _____

System Demand at BOR: _____ Number of Heads Calculated: _____

Please describe the **intended** use of the building or portion of the building undergoing sprinkler system redesign or alteration activities: _____

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

Aircraft Hanger	<input type="checkbox"/> Yes <input type="checkbox"/> No	Airport Terminal Buildings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aircraft Engine Test Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fixed Guideway Transit Systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marine Terminal, Pier, or Wharf	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cleanroom	<input type="checkbox"/> Yes <input type="checkbox"/> No
Animal Housing Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Telecommunication Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utility 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 design.

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 | Roll Paper | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Aerosol Products | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pyroxylin Plastics | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Laboratory Chemicals | <input type="checkbox"/> Yes <input type="checkbox"/> No | Liquid or Solid Oxidizers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pyroxylin Plastics | <input type="checkbox"/> Yes <input type="checkbox"/> No | Nitrate Film | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Compressed / Liquefied Gas or Cryogenic
Fluids in Cylinders, Containers or Tanks | <input type="checkbox"/> Yes <input type="checkbox"/> No | Idle Wood or Plastic Pallets | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Liquefied Natural Gas (LNG) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other Commodities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Organic Peroxide formulations | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

If the answer to any of the above is "yes", describe, in detail, the commodity, location within the facility, and intended maximum quantities. _____

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

- | | |
|--|--|
| 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 Operations | <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 |
| Incinerator or Waste Handling System | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Linen Handling System | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Industrial Ovens or Furnaces | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IT Equipment Rooms or Facilities | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer to any of the above is "yes", indicate location within the facility and maximum amounts of commodity to be on site. _____

Will there be storage of any product/ commodity over 12ft in height? Yes No

If "Yes" describe, in detail, intended storage arrangement and storage height. _____

Will there be any storage of plastics, rubber, or similar products over 5 ft. other than described above?
 Yes No

If "yes" describe product, intended storage arrangement and intended storage height. _____

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

If "yes", please provide information, including known environmental conditions that might be responsible for corrosion, including microbiologically influenced corrosion (MIC). _____

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 rep or agent completing certificate (print):

Relationship and firm of agent (print):

Adopted from NFPA 13 (2016)
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