



Owners Information Certificate

Name / Address of property to be protected with sprinkler system:

Name of Owner:

Existing or planned construction is:

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

Describe the intended use of the building:

Note regarding speculative buildings: 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 contractor 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 for one of the following special purposes:

- | | | | | | |
|-------------------|------------------------------|-----------------------------|---------------------------------|------------------------------|-----------------------------|
| Aircraft Hanger | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fixed guide way transit system | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Race Track 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 Plan | <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:

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| 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 liquified 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 the type, location, arrangement, and intended maximum quantities:

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 |
| 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/use of compressed/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 |
| 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 furnace | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Water-cooling tower | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Kenneth Zaydel *Fire Chief*

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City of Social Circle Fire Department

165 East Hightower Trail
PO Box 310
Social Circle, GA 30025

If the answer to any of the above is “yes”, describe the type, location, arrangement, and intended maximum quantities:

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

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

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

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

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).

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: _____

Name of Owner’s representative or agent completing certificate (print):

Relationship & firm of agent (print): _____

Date: _____

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Plan Review Initials: _____ Date: _____

Notes:

