



Claremont Fire Department
Fire Prevention Office
100 Broad Street
Claremont, New Hampshire 03743
Ph: (603) 542-7012
Fax: (603) 542-7028
Email cfdcode@claremontnh.com

Appendix G Sprinkler Owner's Information Certificate

Name/Address of property to be protected with sprinkler protection: _____

Name of owner: _____

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: _____

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 for the following special occupancies:

- Aircraft hangar ___ Yes ___ No
Fixed guideway transit system ___ Yes ___ No
Race track stable ___ Yes ___ No
Marine terminal, pier, or wharf ___ Yes ___ No
Airport Terminal ___ Yes ___ No
Aircraft engine test facility ___ Yes ___ No
Power Plant ___ Yes ___ No
Water-cooling tower ___ Yes ___ 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 | ___ Yes | ___ No |
| Aerosol products | ___ Yes | ___ No |
| Nitrate film | ___ Yes | ___ No |
| Pyroxylin plastic | ___ Yes | ___ No |
| Compressed or liquefied gas cylinders | ___ Yes | ___ No |
| Liquid or solid oxidizers | ___ Yes | ___ No |
| Organic peroxide formulations | ___ Yes | ___ No |
| Idle pallets | ___ Yes | ___ No |

If the answer to any of the above is "yes," describe 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 | ___ Yes | ___ No |
| Solvent extraction | ___ Yes | ___ No |
| Laboratory using chemicals | ___ Yes | ___ No |
| Oxygen-fuel gas system for welding or cutting | ___ Yes | ___ No |
| Acetylene cylinder charging | ___ Yes | ___ No |
| Production or use of compressed or liquefied gases | ___ Yes | ___ No |
| Commercial cooking operation | ___ Yes | ___ No |
| Class A hyperbaric chamber | ___ Yes | ___ No |
| Cleanroom | ___ Yes | ___ No |
| Incinerator or waste handling system | ___ Yes | ___ No |
| Linen handling system | ___ Yes | ___ No |
| Industrial furnace | ___ Yes | ___ No |
| Water-cooling tower | ___ Yes | ___ No |

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

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.

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.

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/Representative Printed name of Owner/Representative Date