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Cobb County Fire & Emergency Services

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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 of the following special occupancies:

- | | | | | | |
|-------------------|------------------------------|-----------------------------|---------------------------------|------------------------------|-----------------------------|
| Aircraft hangar | <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 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.

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/use of compressed/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, location, arrangement, and intended maximum quantities.

Will there be any storage of products over 12 ft. (3.6m) 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's representative or agent: _____ Date: _____

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

Relationship and firm of agent (print): _____

For Official CCFMO Use Only

Plan Reviewer Initials: _____	Date: _____
Notes: _____	
