



Town of Riverhead Fire Marshal's Office
Commercial Sprinkler
Owner's Information Certification

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

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

Aircraft hangar	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fixed guideway 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 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 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	<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 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

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 (3.6 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.

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):

Please Continue to the next section for Additional Information Needed for the Fire Sprinkler Contractor

Additional Information Needed for the Fire Sprinkler Contractor:

Please Provide the name of insurance agency: _____

Will the building be heated to maintain a minimum of 40° F?

Yes No

Will there be any walk-in coolers or freezers?

Yes No

Will there be any exterior loading docks where combustible materials are stored?

Yes No

Which of the following best describes the intended use of the building (Please Check All That Applies):

Residential:

- One or Two Family Housing
- Apartments, Condominiums, Motels or Hotels up to four stories in height
- Apartments or Condominiums over four stories in height

Institutional:

- Nursing Home or Assisted Living Facility with more than 16 Residents
- Healthcare Facility
- Other (Please Describe) _____

Commercial:

- Retail or Mercantile without stock/storage area(s)
- Retail or Mercantile with stock/storage area(s)
- Offices
- Offices with storage warehouse area(s)
- Restaurant with service area, Laundry, Bakery
- Repair Garage or Shop
- Other (please describe): _____

Manufacturing:

- Wood Working, Processing or Assembly (i.e. cabinetry, furniture, truss manufacturing, etc.)
- Metal Working
- Paper Products or Processing
- Printing or Publishing
- Agricultural Products
- Rubber Products
- Plastic Products

Note: If any of the storage areas are expected, please see the Storage Section of this survey that follows.

Survey for Storage Occupancies

NFPA 13 defines miscellaneous storage as; "Storage that does not exceed 12 ft in height and is incidental to another occupancy group. Such storage shall not constitute more than 10% of the building area or 4000 ft² of the sprinkled area, whichever is greater. Such storage shall not exceed 1000 ft³ in one pile or area, and each such pile or area shall be separated from other storage areas by at least 25 ft."

If the building is expected to be used for storage that exceeds the NFPA 13 definition of miscellaneous storage, please complete the storage section below.

Storage Section

Provide description of storage commodity(What will you be storing):

How is Product Stored:

- Racks ** See below
- Piled
- Bins
- Other (please describe): _____

** If Storage racks are expected, will the shelving be:

- Solid
- Open
- Other : _____

What type of rack?

- Single Row
- Double Row
- Multiple Row
- Other: _____

What will be the Aisle Widths?

- 4'
- 8'
- Other: _____

Maximum Storage Height:

- 12' & below
- 12' - 15'
- 16' - 20'
- 21' - 25'
- 26' - 30'
- 31' - Over

Provide description of:

- Containers
- Packaging
- Cartons
- Other (please describe): _____

Will the commodity be stored on pallets?

- Yes
- No

If yes, what type pallets?

- Wood
- Plastic
- Other (please describe): _____

Will the commodity be encapsulated with plastic binding material?

- Yes
- No

If yes, will the binding material cover the tops of the commodity?

- Yes
- No

Please note that some storage arrangements may require draft stops, smoke curtains and/or smoke exhaust vents in accordance with governing building codes. Check with the Local Authorities for Code Requirements.