MISSOULA FIRE DEPARTMENT
OWNER'S INFORMATION CERTIFICATE

Name and 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	☐ Yes	☐ No
Fixed guide way 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 plan	☐ 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.

_____

_____

_____

MISSOULA FIRE DEPT: 625 E Pine St. Missoula, MT 59802
Ph: 406-552-6210 | Fax: 406-552-6284

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, 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): _____

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