JONESBORO FIRE DEPARTMENT

PROTECTING LIVES AND PROPERTY SINCE 1899

3215 EAST JOHNSON AVE, JONESBORO, AR 72401
(870) 932-2428

FIRE MARSHAL'S OFFICE

AUTOMATIC FIRE SPRINKLER OWNER'S INFORMATION CERTIFICATE

Property Information

Property Address: _____
Owner's Name: _____ Phone: ( ) _____
Address: _____State:_____Zip Code: _____
Name of Establishment: _____

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	___ 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 will be present:

Flammable or combustible liquids	___ Yes	___ No
Aerosol products	___ Yes	___ No
Nitrate film	___ Yes	___ No
Pyroxylin plastic	___ Yes	___ No
Compressed or LP 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 LP gas	___ 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 in height? ___ 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): _____

Signature of sprinkler contractor representative: _____

Name of sprinkler contractor (print):_____