



OWNER'S INFORMATION CERTIFICATE

Name and address of property to be protected with sprinkler protection or fire alarm:

\_\_\_\_\_

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 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                          | <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.

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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.

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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.

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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).

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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): \_\_\_\_\_

# Emergency Contact List

Please complete and return this form to:

Elmhurst Fire Department — Fire Prevention Bureau  
209 N. York Street  
Elmhurst, IL 60126  
Phone: 630-530-3090 ~ Fax: 630-530-3127  
email: fireprevention@elmhurst.org

Building Address : \_\_\_\_\_

Business Name /Occupant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Emergency Contact List

#1 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  Key Holder

#1 Email: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  Key Holder

#2 Email: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  Key Holder

#3 Email: \_\_\_\_\_

Current keys available in the Knox Box (external Fire Dept. Key Box)  
(if not, contact the Fire Dept. to make arrangements to replace keys)

Yes

No

## Business Owner

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  Key Holder

Address: \_\_\_\_\_

## Building Owner

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  KeyHolder

Address: \_\_\_\_\_