



Owner's Information Certificate

This form must be completed and submitted with all building plans where fire suppression is provided.

Name/Address of property to be protected: _____

Name of Owner: _____

Name of Insurance Company and Agent: _____

Will all areas of 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 exterior loading dock where combustible materials are stored? Yes No

Which of the following best describes the intended use or uses of the building? Please check all that apply.

Residential

- One- or Two- Family Home Apartments, Condominiums, Motels or Hotels up to four stories in height
- Apartments, Condominiums, Motels or Hotels over 4 stories in height

Institutional

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

Commercial

- Retail or Mercantile Offices Offices with storage warehouse areas
- Restaurant Laundry Bakery Repair Garage or Shop
- Other Please Describe): _____

Manufacturing

- Woodworking, Processing or Assembly Metal Working Paper Products or Processing
- Printing or Publishing Agricultural Products Rubber Products Plastic Products

Existing or planned construction is:

- Fire resistive or noncombustible
- Wood frame or ordinary (masonry walls with wood beams)
- Unknown

COMMUNITY PRIDE SINCE 1857

Fire Department | 2700 Vierling Drive E. Shakopee MN 55379 | Phone: 952-233-9570 | Fax: 952-233-3857 | www.ShakopeeMN.gov

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

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Aircraft hanger | <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 fire sprinkler density/area criteria or fire alarm system requirements.

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 protection is intended for one of the following specialized occupancies or areas.

- | | | |
|--|------------------------------|-----------------------------|
| Spray area or mixing area | <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 operations | <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.

Does the project contain organized storage?

Yes

No

If the answer is "yes" attach a separate sheet of paper and include a description of the storage arrangement and material handling operations as follow:

1. Provide the name of each type of commodity.
2. Provide the method of material handling operation; i.e. forklift (electric, propane), pallet jack or other process.
3. Provide pallet type: Wood Plastic

Will there be any storage of products over 12 feet 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 materials over 5 feet 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): _____

Received on behalf of the Shakopee Fire Department by (print): _____

Date: _____