



DEPARTMENT OF PUBLIC WORKS  
Building Inspection Division

**MEMORANDUM**

April 16, 2004

**BULLETIN G-11-04**

TO: All Permit Applicants

FROM: Lance A. Reynolds  
Capt. Plan Review

**SUBJECT: Owner's Information Certificate (FireMarshall)**

For some time now the Fire Marshall's Office has been requiring the information on the attached Owner's Information Certificate at the time the fire sprinkler contractor comes in for his permit. At times obtaining some of the information necessary from the owner/architect may have delayed issuance of his permit.

Therefore, effective May 3, 2004, all permits submitted for building plan review that have fire sprinklers must contain a completed Owner's Information Certificate.

**See Attachment**

Xc: James Schock  
Bill Lyle

"You have received this email bulletin because you have subscribed to the City of Jacksonville's Building Inspection Bulletin Notification Service. If you have received this email in error or desire to be removed from the service, please reply to this email with the word PWUNSUBSCRIBE in the Subject line of the email and you will be removed from the service"



**Owner's Information Certificate**

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 shall 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 gas | <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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the project contain organized storage:  yes  no

If the answer to the above is "yes," complete the following for a description of the storage arrangement - material handling operations as follows:

1. Provide the name of each type of commodity.
2. Provide the method of material handling operation; i.e. forklift (elect., propane) or pallet jack, etc.
3. Provide pallet type  wood  plastic

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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will there be any storage of plastic, rubber, or similar products over 5 ft. 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): \_\_\_\_\_

---