

BASIS OF FIRE SPRINKLER DESIGN DOCUMENT

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

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 | <input type="radio"/> Yes | <input type="radio"/> No |
| Fixed guideway transit system | <input type="radio"/> Yes | <input type="radio"/> No |
| Race track stable | <input type="radio"/> Yes | <input type="radio"/> No |
| Marine terminal, pier, or wharf | <input type="radio"/> Yes | <input type="radio"/> No |
| Airport terminal | <input type="radio"/> Yes | <input type="radio"/> No |
| Aircraft engine test facility | <input type="radio"/> Yes | <input type="radio"/> No |
| Power plant | <input type="radio"/> Yes | <input type="radio"/> No |
| Water-cooling tower | <input type="radio"/> Yes | <input type="radio"/> 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 | <input type="radio"/> Yes | <input type="radio"/> No |
| Aerosol products | <input type="radio"/> Yes | <input type="radio"/> No |
| Nitrate film | <input type="radio"/> Yes | <input type="radio"/> No |
| Pyroxylin plastic | <input type="radio"/> Yes | <input type="radio"/> No |
| Compressed or liquefied gas cylinders | <input type="radio"/> Yes | <input type="radio"/> No |
| Liquid or solid oxidizers | <input type="radio"/> Yes | <input type="radio"/> No |
| Organic peroxide formulations | <input type="radio"/> Yes | <input type="radio"/> No |
| Idle pallets | <input type="radio"/> Yes | <input type="radio"/> No |

If the answer to any of the above is “yes,” describe type, location, arrangement, and intended maximum quantities.

 (281) 387-2191

 www.BelvedereFLSC.com

 MNewell@BelvedereFLSC.com

Indicate whether the protection is intended for one of the following specialized occupancies or areas:

- | | | |
|--|---------------------------|--------------------------|
| Spray area or mixing room | <input type="radio"/> Yes | <input type="radio"/> No |
| Solvent extraction | <input type="radio"/> Yes | <input type="radio"/> No |
| Laboratory using chemicals | <input type="radio"/> Yes | <input type="radio"/> No |
| Oxygen-fuel gas system for welding or cutting | <input type="radio"/> Yes | <input type="radio"/> No |
| Acetylene cylinder charging | <input type="radio"/> Yes | <input type="radio"/> No |
| Production or use of compressed or liquefied gases | <input type="radio"/> Yes | <input type="radio"/> No |
| Commercial cooking operation | <input type="radio"/> Yes | <input type="radio"/> No |
| Class A hyperbaric chamber | <input type="radio"/> Yes | <input type="radio"/> No |
| Cleanroom | <input type="radio"/> Yes | <input type="radio"/> No |
| Incinerator or waste handling system | <input type="radio"/> Yes | <input type="radio"/> No |
| Linen handling system | <input type="radio"/> Yes | <input type="radio"/> No |
| Industrial furnace | <input type="radio"/> Yes | <input type="radio"/> No |
| Water-cooling tower | <input type="radio"/> Yes | <input type="radio"/> 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 (3.7 m) 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).

Provide water supply data for the project: _____

Is seismic protection required? Yes No

Provide design spectral response acceleration short period (S_{DS}): _____

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): _____

 (281) 387-2191

 www.BelvedereFLSC.com

 MNewell@BelvedereFLSC.com

Additional Clarification Information

Name of Insurance Provider: _____

Will the building be maintained above 32°? Yes No

Will there be walk-in coolers or freezers? Yes No

Which of the following best describes the intended use of the building (Please Check All That Applies):

Residential:

One- or Two-Family Housing

Apartments, Condominiums, Motels or Hotels up to four stories in height

Apartments or Condominiums over four stories in height

Institutional:

Nursing Home or Assisted Living Facility with more than 16 Residents

Healthcare Facility

Other (Please Describe) _____

Commercial:

Retail or Mercantile without stock/storage area(s)

Retail or Mercantile with stock/storage area(s)

Offices

Offices with storage warehouse area(s)

Restaurant with service area, Laundry, Bakery

Repair Garage or Shop

Other (please describe):

Manufacturing:

Wood Working, Processing or Assembly (i.e. cabinetry, furniture, truss manufacturing, etc.)

Metal Working

Paper Products or Processing

Printing or Publishing

Agricultural Products

Rubber Products

Plastic Products

BELVEDERE

COMMANDING A FINER VIEW

 (281) 387-2191

 www.BelvedereFLSC.com

 MNewell@BelvedereFLSC.com

Survey for Storage Occupancies

Provide a description of product to be stored: _____

How is Product Stored:

Racks ** See below

Piled

Bins

Other (please describe):

**** If Storage racks are expected, will the shelving be:**

Solid

Open

Other : _____

What type of rack?

Single Row

Double Row

Multiple Row

Other:

What will be the Aisle Widths?

4'

8'

Other:

Maximum Storage Height:

12' & below

12' - 15'

16' - 20'

21' - 25'

26' - 30'

31' - Over

Provide description of:

Containers: _____

Packaging: _____

Cartons: _____

Other (please describe): _____

Will the commodity be stored on pallets?

Yes No

If yes, what type pallets?

Wood

Plastic

Other (please describe): _____

Will the commodity be encapsulated with plastic binding material?

Yes No

If yes, will the binding material cover the tops of the commodity?

Yes No

Please note that some storage arrangements may require draft stops, smoke curtains and/or smoke exhaust vents in accordance with governing building codes.

Check with the Local Authorities for Code Requirements.

(281) 387-2191

www.BelvedereFLSC.com

MNewell@BelvedereFLSC.com