

**Information Form
Fire Protection
System**



**Fire Inspections Services
Regulatory Services**
505 4th Ave S. – Room 510
Minneapolis, MN 55415
Office 612-673-3000 or 311
Fax 612-673-3699
TTY 612-673-2157
www.minneapolismn.gov/fis

Office Use Only

Permit # _____

Amount \$ _____

Inspector Initials _____ Date _____

FIRE PROTECTION SYSTEM PROJECT INFORMATION FORM

BUILDING INFORMATION

BUILDING ADDRESS (INCLUDE ADDRESS #, STREET NAME, & DIRECTIONAL), Apt/Unit#	
BUILDING or PROJECT NAME	
APPROXIMATE SPRINKLER WORK START DATE	VALUE OF SPRINKLER CONTRACT
SPRINKLER CONTRACTOR	LICENSE NO.
SPRINKLER PROJECT MANAGER	PHONE
EMAIL ADDRESS	
SPRINKLER PROJECT DESIGNER	PHONE
EMAIL ADDRESS	

BUILDING DESCRIPTION

APPROXIMATE FOOTPRINT SIZE	NUMBER OF STORIES
TYPE OF CONSTRUCTION PER MSBC	ROOF SLOPE AND CEILING CONSTRUCTION
USE or OCCUPANCY OF THE BUILDING	

NFPA STANDARDS USED IN DESIGN

check all that apply to this project

NFPA #13 NFPA #13D NFPA #14 NFPA #20

NFPA #13R (attach copy of signed "13R Sprinkler System and Building Compatibility" form)

EDITION OF NFPA STANDARD USED
LIST OTHER NFPA STANDARDS

TYPE OF SYSTEM: Wet Dry Pre-Action **FIRE PUMP:** Yes No **STANDPIPES:** Yes No

STORAGE

check all that apply to this project

- High-piled combustible storage: Yes No (if yes, fill out section for high-piled storage)
- Flammable or combustible liquids use or storage: Yes No (if yes, attach detailed information)
- Hazardous materials use or storage: Yes No (if yes, attach detailed information)
- Owner's Certificate required: Yes No (if yes, complete page 5)

WATER SUPPLY

DATE OF FLOW TEST	LOCATION OF PRESSURE GAUGE	LOCATION OF FLOWING HYDRANT
STATIC PRESSURE	RESIDUAL PRESSURE	GPM FLOWING
SIZE OF CITY MAIN SUPPLYING SYSTEM		SIZE OF UNDERGROUND LEAD-IN

Is the lead-in a combined fire/domestic main? Yes No If yes, size of the domestic line: _____

Is there a fire pump? Yes No If yes, the pump capacity: _____ and pressure boost (PSI): _____

Type of pump driver: Electric Diesel Other: _____

Does combined city static pressure and pump churn pressure approach or exceed 175 PSI? Yes No

DETAILED NARRATIVE

NOTE: For alterations to existing systems, either provide the information above or provide a copy of a recent pump test, the original flow test data, or the design to match the original system design.

HIGH-PILED COMBUSTIBLE STORAGE

HEIGHT OF STORAGE	CEILING HEIGHT	CLEARANCE FROM STORAGE TO DEFLECTOR
MATERIAL BEING STORED (describe)		
<hr/> <hr/>		

COMMODITY CLASS

list the two most hazardous with quantities greater than two pallet loads in the storage area

COMMODITY	PACKAGING
	<input type="checkbox"/> Cartoned; loose <input type="checkbox"/> Cartoned, banded <input type="checkbox"/> Encapsulated <input type="checkbox"/> Open-Top Containers
	<input type="checkbox"/> Cartoned; loose <input type="checkbox"/> Cartoned, banded <input type="checkbox"/> Encapsulated <input type="checkbox"/> Open-Top Containers
	<input type="checkbox"/> Cartoned; loose <input type="checkbox"/> Cartoned, banded <input type="checkbox"/> Encapsulated <input type="checkbox"/> Open-Top Containers
	<input type="checkbox"/> Cartoned; loose <input type="checkbox"/> Cartoned, banded <input type="checkbox"/> Encapsulated <input type="checkbox"/> Open-Top Containers

STORAGE METHODS

mark all types present

STORAGE TYPE: <input type="checkbox"/> Automated Storage <input type="checkbox"/> Bin Box <input type="checkbox"/> Carousel <input type="checkbox"/> Rack Storage <input type="checkbox"/> Shelf Storage <input type="checkbox"/> Solid Pile <input type="checkbox"/> Solid Pile with Commodity on Pallets		RACK TYPE: <input type="checkbox"/> Single Row <input type="checkbox"/> Double Row <input type="checkbox"/> Multiple Row
LONGITUDINAL FLUE SIZE	TRANSVERSE FLUE SIZE	 AISLE WIDTH

PALLETS: Wood Plastic Other: _____

SPRINKLER DESIGN INFORMATION

Provide the following information for each design area:

Hazard Class	System Type	Area Description	Density / Area
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

For each area listed above, provide the following detailed design information:

Code Section #	Tables	Curves	Figures	Reduction (%)	Due to	Increase (%)	Due to
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

PIPE AND FITTINGS

PIPE

manufacturer's instructions must be submitted with the plans

Copper Schedule 40 Steel Thin Wall – Type: _____ Plastic – Brand: _____

FITTINGS TYPE

PIPE JOINTS

Grooved Plain End Threaded Other: _____

HYDRAULIC CALCULATIONS

- Calculations are provided with this submittal.
- Calculations are not provided. You must explain below in detail why calculations are not required as part of this design. Provide detailed documentation supporting the explanation, which may include existing sprinkler plans and calculations, hydraulic data plate information, etc. Submittals not provided with this detail will be returned as incomplete.

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Extended coverage sprinklers are to be installed on this project. The plans show, in the sprinkler legend or separate table, the area of coverage and deflector distance for each extended coverage head. Yes N/A

ADDITIONAL COMMENTS

To the best of my knowledge, the information I provided is complete and accurate. To be signed by Minnesota-licensed, managing employee.

SIGNATURE _____ **DATE** _____

PRINTED NAME

LICENSE NUMBER

PHONE NUMBER

Owner's Information Certificate

ADDRESS OF PROPERTY TO BE PROTECTED WITH SPRINKLER PROTECTION
NAME OF OWNER

CONSTRUCTION TYPE

Fire Resistive or Noncombustible Wood Frame or Ordinary (masonry walls with wood beams) Other: _____

Is the system installation intended for one of the following special occupancies? Power Plant Water Cooling Tower
If so, the appropriate NFPA standard should be referenced for sprinkler density/area criteria.

MATERIAL STORAGE

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 pellets: Yes No

If the answer to any of the above is "yes," describe in detail type, location, arrangements, and intended maximum quantities.

Will there be any storage of products over 12 feet (3.6 m) in height? Yes No

If "yes," describe product, intended storage arrangement, and height.

Will there be any storage of plastic, rubber, or similar products over 5 feet (1.3 m) high except as described above? Yes No

If "yes," describe product, intended storage arrangement, and height.

SPECIALIZED OCCUPANCIES

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

Acetylene cylinder charging: <input type="checkbox"/> Yes <input type="checkbox"/> No	Linen handling system: <input type="checkbox"/> Yes <input type="checkbox"/> No
Class A hyperbaric chamber: <input type="checkbox"/> Yes <input type="checkbox"/> No	Oxygen fuel gas system for cutting or welding: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cleanroom: <input type="checkbox"/> Yes <input type="checkbox"/> No	Production or use of compressed liquefied gases: <input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial cooling operation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Solvent extraction: <input type="checkbox"/> Yes <input type="checkbox"/> No
Incinerator or waste handling system: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spray area or mixing room: <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
Laboratory using chemicals: <input type="checkbox"/> Yes <input type="checkbox"/> No	

If the answer to any of the above is "yes," describe in detail type, location, arrangements, and intended maximum quantities.

I certify that I have knowledge of the intended use of the property and that the above information is correct.

SIGNATURE _____ **DATE** _____

PRINTED NAME	FIRM OF OWNER'S REPRESENTATIVE
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For reasonable accommodations or alternative formats please contact 311 at 612-673-3000. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-263-6850. Para asistencia, llame al 311. Rau kev pab 311. Hadii aad Caawimaad u baahantahay 311.

13R Sprinkler System and Building Compatibility

PROJECT ADDRESS
PROJECT NAME

IMPORTANT INFORMATION

It has been proposed that the sprinkler system for this project be designed to NFPA Standard 13R.

IFC code and commentary Section 903.1 states that unless specifically allowed by the code or the IBC, residential sprinkler systems installed in accordance with NFPA 13R are not recognized for reductions or exceptions permitted by other sections of this code or the IBC.

As the architect of record your signature certifies that the sprinkler system that is to be installed in this building has not been used for exceptions or reductions permitted by the following sections of the Minnesota State Building Code: 307.1; 403.3; 404.2; 504.1; 506.1; 507.1; 508.1; 705.8; 706.8; 708.3; 711.2.4.3; and Tables 307.1(1), 307.1(2).

The review of the fire sprinkler plans, if designed to NFPA 13R, will not be done until this signed form is returned to Fire Inspection Services.

SIGNATURE		DATE
PRINTED NAME	MINNESOTA ARCHITECT LICENSE #	EXPIRATION DATE
ARCHITECTURAL FIRM		PHONE NUMBER
ADDRESS		
CITY	STATE	ZIP

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