Information Form Fire Suppression	Inspections Services Regulatory Services	Office Use Only
System	505 4 th Avenue South, Room 510A	Permit #
)	Minneapolis, MN 55415 Office 612-673-3000 or 311	Amount Ś
4	TTY 612-673-2157	/
Minneapolis City of Lakes	www.minneapolismn.gov/fire-permits	Inspector Initials Date

FIRE SUPRESSION SYSTEM PROJECT INFORMATION FORM

BUILDING	INFORMATION	
BUILDING ADDRESS (INCLUDE ADDRESS #, STREET NAME, & DIRECTIO	DNAL), Apt/Unit#	
BUILDING or PROJECT NAME		
APPROXIMATE SPRINKLER WORK START DATE	VALUE OF SPRINKLER CONTRACT	
SPRINKLER CONTRACTOR	LI	CENSE NO.
SPRINKLER PROJECT MANAGER		HONE
EMAIL ADDRESS		
SPRINKLER PROJECT DESIGNER	P	HONE
EMAIL ADDRESS		
BUILDIN	G DESCRIPTION	
APPROXIMATE FOOTPRINT SIZE	NUMBER OF STORIES	
TYPE OF CONSTRUCTION PER MSBC	ROOF SLOPE AND CEILING CONSTRUC	TION
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 a	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 UNDERGR	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 F	ROM STORAGE TO DEFLECTOR			
MATERIAL BEING STORED (describe)	MATERIAL BEING STORED (describe)						
	COMMODITY	CLASS					
list the two mos	st hazardous with quantities greate		oads in the storage	e area			
COMMODITY	PACKAGING						
	Cartoned, loose Cartoned, loose	artoned, banded	Encapsulated	Open-Top Containers			
	Cartoned, loose Cartoned, loose	artoned, banded	Encapsulated	Open-Top Containers			
	Cartoned, loose Cartoned, loose	artoned, banded	Encapsulated	Open-Top Containers			
	Cartoned, loose Cartoned, loose	artoned, banded	Encapsulated	Open-Top Containers			
	STORAGE ME						
mark all types present							
STORAGE TYPE:			RACK 1	IYPE:			
	Image: Storage in the			e Row 🛛 Multiple Row			
5	Solid Pile with Commodity on Pallets						
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 AND FITTINGS
manufacturer's instructions must be submitted with the plans
□ Copper □ Schedule 40 □ Steel □ Thin Wall – Type: □ Plastic – Brand:
FITTINGS TYPE
PIPE JOINTS
Grooved Delain End Delain End 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.
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	



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Owner's Information Certificate

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	Compressed or liquefied gas cylinders:	🗆 Yes 🗆 No			
Aerosol products:	🗆 Yes 🗆 No	Liquid or solid oxidizers:	🗆 Yes 🗆 No			
Nitrate film:	🗆 Yes 🗆 No	Organic peroxide formulations:	🗆 Yes 🗆 No			
Pyroxylin plastic:	🗆 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? Ves 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:	🗆 Yes 🗆 No	Linen handling system:	🗆 Yes 🗆 No		
Class A hyperbaric chamber:	🗆 Yes 🗆 No	Oxygen fuel gas system for cutting or welding:	🗆 Yes 🗆 No		
Cleanroom:	🗆 Yes 🗆 No	Production or use of compressed liquefied gases:	🗆 Yes 🗆 No		
Commercial cooling operation:	🗆 Yes 🗆 No	Solvent extraction:	🗆 Yes 🗆 No		
Incinerator or waste handling system:	🗆 Yes 🗆 No	Spray area or mixing room:	🗆 Yes 🗆 No		
Industrial furnace:	🗆 Yes 🗆 No	Water cooling tower:	🗆 Yes 🗆 No		
Laboratory using chemicals:	🗆 Yes 🗆 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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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.

IBC Section 903.1.2 states that exception to, or reductions in code requirements based on the installation of an automatic fire suppression system are not allowed when the systems are installed in accordance with NFPA #13R. In that case, the system must be installed in accordance with NFPA Standard #13.

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: 302.3.3; 403.3; 404.2; 506.3; 507.1; 507.2; 704.8.1; 704.9; and Tables 307.7(1), 307.7(2), and 601.708.3.

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		
СІТҮ	STATE	ZIP