

**Information Form
Fire Suppression
System**

**Fire Inspections Services
Regulatory Services**
250 South 4th Street – Room 300
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 SUPPRESSION 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
<input type="checkbox"/> NFPA #13 <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #14 <input type="checkbox"/> NFPA #20 <input type="checkbox"/> 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: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Pre-Action FIRE PUMP: <input type="checkbox"/> Yes <input type="checkbox"/> No STANDPIPES: <input type="checkbox"/> Yes <input type="checkbox"/> No

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
<input type="checkbox"/> Copper <input type="checkbox"/> Schedule 40 <input type="checkbox"/> Steel <input type="checkbox"/> Thin Wall – Type: _____ <input type="checkbox"/> Plastic – Brand: _____
FITTINGS TYPE
PIPE JOINTS
<input type="checkbox"/> Grooved <input type="checkbox"/> Plain End <input type="checkbox"/> Threaded <input type="checkbox"/> Other: _____

HYDRAULIC CALCULATIONS
<input type="checkbox"/> Calculations are provided with this submittal. <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
<input type="checkbox"/> Fire Resistive or Noncombustible <input type="checkbox"/> Wood Frame or Ordinary (masonry walls with wood beams) <input type="checkbox"/> Other: _____	
Is the system installation intended for one of the following special occupancies? <input type="checkbox"/> Power Plant <input type="checkbox"/> 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: <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 pellets: <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.	
Will there be any storage of products over 12 feet (3.6 m) in height? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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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13R Sprinkler System and Building Compatibility

PROJECT ADDRESS
PROJECT NAME

IMPORTANT INFORMATION		
<p>It has been proposed that the sprinkler system for this project be designed to NFPA Standard #13R.</p> <p>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.</p> <p>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.</p> <p>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.</p>		
SIGNATURE	DATE	
PRINTED NAME	MINNESOTA ARCHITECT LICENSE #	EXPIRATION DATE
ARCHITECTURAL FIRM	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP