



**Nashua Fire Rescue**  
Fire Marshal's Office  
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**Automatic Sprinkler System**  
**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 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="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

Yes

No

If the answer to 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:

- |                                                    |                              |                             |
|----------------------------------------------------|------------------------------|-----------------------------|
| Spry 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 gases | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Commercial cooking operation                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Class A hyperbaric system                          | <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 of the above is "yes", describe type, location, arrangement, and intended maximum quantities.

\_\_\_\_\_  
\_\_\_\_\_

Will there be any storage of products over 12 ft (3.6m) 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 (1.5m) 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): \_\_\_\_\_