



# JONESBORO FIRE DEPARTMENT

PROTECTING LIVES AND PROPERTY SINCE 1899  
3215 EAST JOHNSON AVE, JONESBORO, AR 72401  
(870) 932-2428



## FIRE MARSHAL'S OFFICE

### AUTOMATIC FIRE SPRINKLER OWNER'S INFORMATION CERTIFICATE

#### Property Information

Property Address: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Name of Establishment: \_\_\_\_\_

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 will 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 LP 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Spray 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 LP gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commercial cooking operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Class A hyperbaric chamber	<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 any of the above is "yes," describe type, location, arrangement, and intended maximum quantities.

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Will there be any storage of products over 12 ft in height?  Yes  No

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

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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): \_\_\_\_\_

Signature of sprinkler contractor representative: \_\_\_\_\_

Name of sprinkler contractor (print): \_\_\_\_\_