



Lenexa Fire Department  
9620 Pflumm Road  
Lenexa, KS 66215  
913.888.6380 • fax: 913.888.2143

### Owners Information Certificate

Project name: \_\_\_\_\_

Project address: \_\_\_\_\_ Permit #: \_\_\_\_\_

Use group classification: \_\_\_\_\_ Square footage: \_\_\_\_\_

Please describe the intended use of each portion of the building, including manufacturing processes, machinery and commodity storage:

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

Type of existing sprinkler protection (check all that apply):

Wet  Dry  Pre-action  Other  \_\_\_\_\_

Design criteria of existing sprinkler system density

Gpm/square foot: \_\_\_\_\_

Area of application: \_\_\_\_\_

Coverage per sprinkler: \_\_\_\_\_

Number of heads calculated: \_\_\_\_\_

Hose streams: \_\_\_\_\_

Total water supply required w/ hose streams: \_\_\_\_\_

Occupancy classification for proposed project, per NFPA 13:

- Light hazard
- Ordinary hazard
- Extra hazard

Indicate whether any of the following special materials/operations are intended to be present:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Flammable and combustible liquids*
<input type="checkbox"/>	<input type="checkbox"/>	Aerosol products*
<input type="checkbox"/>	<input type="checkbox"/>	Compressed liquefied gas products*
<input type="checkbox"/>	<input type="checkbox"/>	Liquid or solid oxidizers*
<input type="checkbox"/>	<input type="checkbox"/>	Corrosives*
<input type="checkbox"/>	<input type="checkbox"/>	Flammable gases*
<input type="checkbox"/>	<input type="checkbox"/>	Combustible dust-producing operations
<input type="checkbox"/>	<input type="checkbox"/>	Rolled paper
<input type="checkbox"/>	<input type="checkbox"/>	Plastics
<input type="checkbox"/>	<input type="checkbox"/>	Tires
<input type="checkbox"/>	<input type="checkbox"/>	Plastic pallets
<input type="checkbox"/>	<input type="checkbox"/>	Idle pallets
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

If the answer to any of the above is "yes," describe the type, location, arrangement and intended maximum quantities. (For items with a \*, provide the material safety data sheets)

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

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

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Will there be any storage of plastic, rubber or similar products over 5 feet in height, except as described above?  Yes  No

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

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Describe the commodities that will be stored and/or processed within the building. Provide their commodity classification(s) and how they will be packaged:

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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: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of person completing this certificate (print): \_\_\_\_\_

Relationship and firm of agent (print): \_\_\_\_\_

*Adapted from NFPA 13 (2007)*

*Updated 12/2016*