Information Form	Fire Inspections Services Regulatory Services	Office Use Only
System	250 South 4 th Street – Room 300 Minneapolis, MN 55415	Permit #
	Office 612-673-3000 or 311 Fax 612-673-3699	Amount \$
Minneapolis	TTY 612-673-2157 www.minneapolismn.gov/fis	Inspector Initials Date
	FIRE SUPRESSION SYSTEM	PROJECT INFORMATION FORM

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				
□ 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 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)						
	COMMODITY	CLASS				
list the two mos	st hazardous with quantities greate	er than two pallet I	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	THODS				
	mark all types	present	540%			
STORAGE TY	RACK TYPE:					
☐ Automated Storage ☐ Bin Box ☐	Single	e Row 🛛 Double	e Row 🛛 Multiple Row			
□ Sneif Storage □ Solid Pile □ Solid Pile with Commodity on Pallets						
LONGITUDINAL FLUE SIZE	TRANSVERSE FLUE SIZE		AISLE WIDTH			
PALLETS: D Wood D Plastic D 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 AN	ND FITTINGS	
				PIPE	
		man	ufacturer's instructions	must be submitted	d with the plans
Copper	□ Schedule 40	Steel	Thin Wall – Type	:	🗆 Plastic – Brand:
FITTINGS TYPE					
			PIP		
	□ Grooved	🗆 Plain	End 🗆 Threaded	Other:	
			HYDRAULIC		
Calculations a	re provided witl	h this subn	nittal.		
 Calculations Provide deta hydraulic dat 	are not provide iled documenta a plate informat	d. You mu tion suppo ion, etc. Su	ist explain below in orting the explanatio ubmittals not provide	detail why calcu n, which may in d with this detail	ulations are not required as part of this design. nclude existing sprinkler plans and calculations, I will be returned as incomplete.
Extended cov area of cover	verage sprinklers age and deflecto	are to be or distance	installed on this proje for each extended co	ect. The plans sh overage head.	ow, in the sprinkler legend or separate table, the □ Yes □ N/A
			ADDITION	AL COMMENTS	
To the best of my	knowledge, the inf	formation I	provided is complete and	d accurate. To be s	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? □ Yes □ 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